## Sílver Lake Specialized Care 275 Castleton Avenue Staten Island, NY 10301 (718) 447 - 7800

	Date: 5/14/14
Dr. a. B. Karron	
1	_
RE: Marion B.	Karron
Dear M. Kovov :  Enclosed are the medical rec	ords for Rarion B. Karron If
you need any further assistance plea	V
	Sincerely, Dona Larane
	Donna Barone Medical Records

# THU - 15 MAY AA STANDARD OVERNIGHT

11561 NY-US JFK





Package
Express US Airbill

Tracking 8045 0029 9013

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	Date	多的原理的多的原始的自然多的原理的
	Sender's Name	Phone 718 447-7800
	Company	SILVERLAKE NURSING HOME
	Address	275 CAS SLETONLAVA
	City	47EM ISLAND State NV ZIP 10301-2794
2	Your Inte	nal Billing Reference
3	To Recipient's Name	D.B. Karron Ph. D Phone

	ID No. ULJJ	
4	Express Package Service *To most loc NOTE: Service order has changed. Please select careful	For packages over 150 lbs., use the
	Next Business Day	2 or 3 Business Days
	FedEx First Overnight Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	FedEx 2Day A.M. Second business morning * Saturday Delivery NOT available.
	FedEx Priority Overnight Next business morning.* Enday shipments will be delivered an Monday unless SATURDAY Delivery purselected.	FedEx 2Day Second business atternoon. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
X	FedEx Standard Overnight Next business afternoon.* Saturday Delivery NOT available.	FedEx Express Saver Third business day." Saturday Delivery NOT available.
5	Packaging * Declared value limit \$500.	
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	SATURDAY Delivery NOT available for FedEx Standard Overnight, FedEx 2Day A.M., C	or FedEx Express Saver.
	No Signature Required Package may be left without obtaining a signature for delivery.  Direct Signature for delivery.	gnature The one is available at recipient's address address, smoone at a neighboring address, and a neighboring address, smoone at a neighboring address and a ne
E	Does this shipment contain dangerous goods?	
×	One box must be checked.  Yes Yes	Dry Ice
	No As per attached Shipper's Declaration. Shipper's Declaration.	Dry ice, 9, UN 1845 x

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fedex.com 1.800.GoFedEx 1.800.463.3339



ERLAKE-KARRON-000002

MEDFAX, PR	ELIMINARY RESULTS	FOR: SILVERLAKE  MARION KARRON	Sun, Aug 31, 2008
Find Another Facil PATIENT NAME	ity Print Individual Repo	orts PRELIMINARY	SUPER VISOR RESULTS
KARRON CHEST-NG PLACEN	130A CHEST-NG	TRACHEOSTOMY; COPD; NG TUBE IN GASTRIC FUNDUS	
MED REC NO			
OATE COMPLETED	Sun, Aug 31, 2008		
		(AG) III	

Subject:		
MEDFAX, PRELIMINARY RESULTS FO	OR: SILVERLAKE	Tue, Jul 15, 2008
	MARION KARRON	
	_	
Find Another Facility Print Individual Reports		SUPERVISOR
PATIENT NAME ROOM NO PROCEDURE	PRELIMINARY	RESULTS
KARRON 130 CHEST	COPD; CHRONIC BRONCHITIS; M	ILD CHF;
CHEST	NO PNEUMONIA; STATUS POST	
	TRACHEOSTOMY	
MED REC NO		
DATE COMPLETED Tue, Jul 15, 2008		
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MEDFAX, PR	ELIMINARY RESU	MARION KARRON	Wed, Jul 16, 200
Find Another Faci	ity Print Individu	Reports	SUPERVISOR
PATIENT NAME	ROOM NO PROCEE	RE PRELIMINARY	RESULTS
KARRON	130 CHEST	NG TUBE IS SEEN BADLY DUE TO	O DENCE
CHEST		MEDIASTINUM TISSUE; THE TIP OF TUBE IS SEEN AT THE LEVEL OF ESOPHOGUS	}
ÆD REC NO			
ATE COMPLETED	Wed, Jul 16, 2008		
		Ö	

Subject:		
MEDFAX, PRELIMINARY RESULTS FOR	. SILVERLAKE	Tue, Jul 15, 2008
	MARION KARRON	
Find Another Facility Print Individual Reports		SUPERVISOR
PATIENT NAME ROOM NO PROCEDURE	PRELIMINARY	RESULTS
KARRON 130 CHEST	COPD; CHRONIC BRONCHITIS; MIL	D CHF;
	NO PNEUMONIA; STATUS POST TRACHEOSTOMY	
	TRACTICOSTONT	
MED REC NO		
DATE COMPLETED Tue, Jul 15, 2008		
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A Vien

Subject		
MEDFAX, PRELIMINARY RI	ESULTS FOR: SILVERLAKE	Tue, Jul 15, 2008
, , , , , , , , , , , , , , , , , , , ,	MARION KARRON	
Find Another Facility Print Indi	vidual Reports	
	CEDURE PRELIMINARY	SUPERVISOR RESULTS
KARRON 130 CHES	,	
CHEST	NO PNEUMONIA; STATUS PO	
	TRACHEOSTOMY; GT TUBE	IN PLACE
MED REC NO		
DATE COMPLETED Tue, Jul 15, 200	8	
)		***************************************

Page 1 of 1 2557886-123416

I fron, Marion N: 118244899 ...om:130A

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

R8234681E 1180102901 11/17/2008 11/18/08 11/19/2008 M 78

Hematology

Occult Blood, Stool

Negative Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE

These data will be monitored for further evaluation, see patient chart.

DATE

\*\*COMPLETE REPORT\*\*

1 (800) 972-9392 1 (800) XRAY-EXAM LAST NAME FIRST NAME Facility: SILVER LAKE NURSING HOME Patient: MARION KARRON Rm. No.: 237 Date of Birth: Med Rec No: DATE OF SERVICE: Mar 5, 2008 RIGHT ANKLE The radiologic examination demonstrates evidence of osteoporosis and osteoarthritis. No fracture is identified. Osteoporosis and osteoarthritis are seen. No fracture is observed. ma **IMPRESSION** QA: CK

PHYSICIAN USE ONLY

Results acceptable for patients condition, at this time no further follow up is recommended.

MD 3 Date

This report has been electronically signed.

Monitor results for further evaluation, refer to progress notes.

MD Date

Radiologist: DR. VAYNSHELBAUM

Subject:				114 0000
MEDFAX, PF	RELIMINARY RESULTS I	FOR: SILVERLAKE  MARIAN KARRON	Mon, Ju	1 14, 2008
Find Another Fac	Print Individual Report	s PRELIMINARY	SUPER VIS RESUL	
KARRON	130 CHEST	COPD; RIGHT LOWER LOBE P		
CHEST		STATUS POST TRACHEOSTO	3 -	
MED REC NO				
OATE COMPLETED	Mon, Jul 14, 2008			0
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				Dr. Mr. +
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Find Another Facil PATIENT NAME	ity Print Individual Reports ROOM NO PROCEDURE	SU	PERVISOR RESULTS
KARRON CHEST  MED REC NO DATE COMPLETED	130 CHEST	THERE IS THE TUBE POSSIBLE NG TUBE SEEN UP TO THE LEVEL OF THE KNOB OF THE THORACIC AORTA  TO APPEAR AM  APPEAR AM	RAMSEL

TO: SILVERLANE

merseay, occoper to, 2000 that intrag.

1 (800) XRAY-EXAM

PRECISION HEALTH INC

1 (800) 972-9392

Date

MD

PORTABLE XRAY REPORT LAST NAME FIRST NAME Facility: SILVER LAKE NURSING HOME Patient: MARION KARRON Rm. No.: 130 Med Rec No: Date of Birth: DATE OF SERVICE: Oct 15, 2008 CHEST Comparison with the 8/30/08 study now shows. The radiologic examination of the chest demonstrates right lower lobe pneumonia and chronic obstructive pulmonary disease. **IMPRESSION** Right lower lobe pneumonia and chronic obstructive pulmonary disease identified. Polith fm **IMPRESSION** QA: CK Radiologist: DR. VAYNSHELBAUM This report has been electronically signed. PHYSICIAN USE ONLY Results acceptable for patients condition, at Monitor results for further evaluation, refer to this time no further follow up is recommended. progress notes.

MD

Date

To: SILVERLAKE Subject:

212

From: FAXUSER

Wednesday, February 04, 2009 1:05 PM Page. 5 015

1 (800) XRAY-EXAM

## MEDFAX PRECISION HEALTH INC PORTABLE XRAY REPORT

1 (800) 972-9392

Facility: SILVER LAKE NURSING HOME Patient: KARRON MARION  Jed Rec No: Date of Birth: Rm. No.: 240	CONTRACTOR OF THE PROPERTY OF		LAST NAME	FIRST NAME
led Rec No: Date of Birth: Rm. No.: 240	Facility: SILVER LAKE NURSING HOME	Patient:	KARRON	MARION
	led Rec No:	Date of Bir	th:	Rm. No.: 240

DATE OF SERVICE: Feb 2, 2009

### SACRUM AND COCCYX

Limited radiologic examination demonstrates the visualized bony structures to be intact. There is no evidence of fracture or dislocation. No osteomyelitis is present.

### IMPRESSION

No fracture or osteomyelitis is present. The examination is limited.

fm IMPRESSION QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN U	SE ONLY	
Results acceptable for patients condition, at this time no further follow up is recommended.	Monitor results for further evaluprogress notes.	ıation, refer to
MD Date	MD	Date



# MEDFAX PRECISION HEALTH INC

1 (800) 972-9392

lcility: SILVER LAKE NURSING HOME	Patient:	LAST NAME		FIRST NAM
d Rec No:	Patient: KARRON  Date of Birth:		Rm. No.: 130	
DATE OF SERVICE: May 4, 2008	agusta visa rismosin ya amfunko ini ya amfunko hisio anga a misa a misa a mi	THE RESIDENCE OF THE PROPERTY	COLOR SEPTIM DOUGH MA HON	es, ay tig que pue abuqua and acca
CHEST				
Comparison was made with 3/31/08. The radiologic examinationeumonia.	on of the chest der	monstrates COPD	and right low	er lobe
MPRESSION				
There is COPD. Right lower lobe pneumonia is identified.				
)				
)				
L. Jalor				
ab				
IMPRESSION				
QA: CK				
				,
	Dedictorist DD 1	/AVAIGUE! DALIZA		
	Radiologist: DR. \ This report has been		ned	
)		on electronically sig	grieu.	,
Results acceptable for patients condition, at	USE ONLY ——— Monito			

PORTABLE XRAY REPORT

LAST NAME

FIRST NAME

Facility: SILVER LAKE NURSING HOME

Patient:

KARRON

MARION

Med Rec No:

Date of Birth:

Rm. No.: 130

DATE OF SERVICE: Mar 31, 2008

CHEST

The radiologic examination of the chest demonstrates the presence of COPD. There is no evidence of pneumonia, infiltrate, or infectious disease. A tracheostomy is present.

#### IMPRESSION

No active disease is seen. COPD is observed. There is a tracheostomy present.

ab

**IMPRESSION** 

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN USE ONLY -Results acceptable for patients condition, at Monitor results for further evaluation, refer to this time no further follow up is recommended. progress notes. MD Date MD Date

# MEDFAX PRECISION HEALTH INC PORTABLE XRAY REPORT

1 (800) 972-9392

Sity: SILVER LAKE NURSING HOME	LAST NAI Patient: <b>KARRON</b>	WARION
fled Rec No:	Date of Birth:	Rm. No.: 130
DATE OF SERVICE: Nov 12, 2008  CHEST  The radialogic examination of the about demonstrates CORD and a	ight upper lobe proupopig	
The radiologic examination of the chest demonstrates COPD and r IMPRESSION	ідпі пррег юре рпеціпопіа.	
COPD is noted. Right upper lobe pneumonia is identified.		
ab		
ab		
)		
	diologist: DR. VAYNSHELB	
	s report has been electronic	ally signed.
Results acceptable for patients condition, at		further evaluation, refer to
this time no further follow up is recommended.	progress notes.	further evaluation, refer to
Date		MDDate

## MEDFAX PRECISION HEALTH INC

1 (800) 972-9392

ity: SILVER LAKE NURSING HOME	Patient:	LAST NAME KARVON	FIRST NAME MARION
Med Rec No:	Date of Bi		Rm. No.: 130A
DATE OF SERVICE: Aug 31, 2008 CHEST	(2011) (1947) (1947) (1947) (1947) (1947) (1947) (1947) (1947) (1947) (1947) (1947) (1947) (1947) (1947) (1947)		. ,
The radiologic examination of the chest demonstrates a tracheost tube is seen in the gastric fundus.	omy to be prese	ent. COPD is noted	d. A nasogastric
IMPRESSION			
A tracheostomy is present. There is COPD. There is a nasogasti	ric tube in the ga	astric fundus.	
dg			
IMPRESSION			
QA: CK			
Ra	diologist: DR. S	PRECHER	
Thi	s report has bee	en electronically sig	ned.
PHYSICIAN US	E ONLY	4/8/68	MI
Results acceptable for patients condition, at this time no further follow up is recommended.		r results for furthe ss notes.	er evaluation, refer to
Date		MD	Date

WEDFAX
PRECISION HEALTH INC
DORTARI E YRAV REPORT

LAST NAME

FIRST NAME

Capility: SILVER LAKE NURSING HOME

Patient:

KARRON

MARION

wied Rec No: Date of Birth:

Rm. No.: 130A

DATE OF SERVICE: Aug 30, 2008

CHEST

Comparison with the 8/29/08 study now shows. The radiologic examination of the chest demonstrates the presence of COPD. There is no evidence of pneumonia, infiltrate, or infectious disease.

### **IMPRESSION**

No active disease is seen. COPD is observed.

dg

**IMPRESSION** 

QA: CK

Radiologist: DR. VAYNSHELBAUM This report has been electronically signed./ PHYSICIAN USE ONLY Results acceptable for patients condition, at Monitor results for further evaluation, refer to this time no further follow up is recommended. progress notes. MD Date MD Date

1 (800) XRAY-EXAM	PRECISION HE	MEDFAX PRECISION HEALTH INC PORTABLE XRAY REPORT		1 (800) 972-9392		
): SILVER LAKE NURSING HO		Patient:	LAST NAME KARRON	FIRST NAME MARION		
Med Rec No:		Date of Bi	rth:	Rm. No.: 130		
DATE OF SERVICE: Oct 15, 2008 CHEST		THE STATE OF THE S		CRCS S GREEN RANGE SOS DE LA ANTIGORIO CONTRA DA ANTIGORIO DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE L		
Comparison with the 8/30/08 study no pneumonia and chronic obstructive pu		amination of the	chest demonstra	tes right lower lobe		
IMPRESSION						
Right lower lobe pneumonia and chro	nic obstructive pulmonary di	sease identified				
fm						
IMPRESSION						
QA: CK						
— )						

Radiologist: DR. VAYNSHELBAUM This report has been electronically signed.

PHYSICIAN USE	ONLY	
Results acceptable for patients condition, at this time no further follow up is recommended.	Monitor results for further eva progress notes.	luation, refer to
Date	MD	Date

MEDFAX
PRECISION HEALTH INC

ABLE XRAY REPORT

LAST NAME

FIRST NAME

Finality: SILVER LAKE NURSING HOME

Patient:

KARRON

MARION

Med Rec No:

Date of Birth:

Rm. No.: 130A

JATE OF SERVICE: Jul 18, 2008

### CHEST AND KUB FOR NASOGASTRIC TUBE PLACEMENT

Comparison was made with 7/16/08. The radiologic examination demonstrates the presence of a nasogastric tube in the stomach.

### **IMPRESSION**

A nasogastric tube is seen in the stomach.

ab

**IMPRESSION** 

QA: CK

Radiologist: DR. BEHFARIN

This report has been electronically signed.

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		PHYSICIAN U	SE ONLY		
Results acceptable for patients condition, at this time no further follow up is recommended.		Monitor results for further evaluation, reprogress notes.		aluation, refer to	
	_MD	Date		MD	Date

## **MEDFAX**

1 (800) 972-9392

	N HEALTH INC		
Facility: SILVER LAKE NURSING HOME	Patient:	LAST NAME KARRON	FIRST NAME  MARION
M. TRec No:	Date of Bir		Rm. No.: 130
CATE OF SERVICE: Jan 12, 2009			
Compared with 1/6/09 study now shows: Radiologic examineresolving right middle lobe infiltrate. Tracheostomy tube is		performed and der	nonstrates a
IMPRESSION			
Resolving right middle lobe infiltrate identified. Tracheostor	ny tube seen in place.		
fm			
IMPRESSION			
QA: CK			
/:			
,1			
		102/2	
7			
	Radiologist: DR. S		
	This report has bee	en electronically sign	ed.
	AN USE ONLY		
Results acceptable for patients condition, at this time no further follow up is recommended.		r results for further ss notes.	evaluation, refer to
Date		MD	Date

LAST NAME FIRST NAME Facility: SILVER LAKE NURSING HOME Patient: MARION KARRON Rm. No.: 237 Med Rec No: Date of Birth:

DATE OF SERVICE: Feb 19, 2008

CHEST

The radiologic examination of the chest demonstrates a tracheostomy to be present. COPD is noted. There is cardiomegaly. Mild congestive heart failure is seen.

### **IMPRESSION**

A tracheostomy is present. COPD and cardiomegaly are observed. There is mild congestive heart failure.

ab

IMPRESSION

QA: CK

Radiologist: DR. SPRECHER This report has been electronically signed. PHYSICIAN USE ONLY Results acceptable for patients condition, at Monitor results for further evaluation, refer to this time no further follow up is recommended. progress notes. MD Date MD Date

## MEDEAX

1 (800) 972-9392

	RECISION HEALTH INC RTABLE XRAY REPORT		
acility: SILVER LAKE NURSING HOME	LAST NAME Patient: KARRON	FIRST NAM MARION	
Rec No:	Date of Birth:	Rm. No.: 130	
DATE OF SERVICE: Dec 18, 2008			
RIGHT ANKLE			
Compared with 3/5/08 study shows no change. A li legenerative joint disease. No fractures are disloca		demonstrates severe	
MPRESSION			
Severe degenerative joint disease is identified. No	fractures or dislocation is observed.		
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fm			
IMPRESSION		,	
QA: CK			
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	V		
	Radiologist: DR. SPRECHER	aiom a d	
	This report has been electronically	signea.	
Р	PHYSICIAN USE ONLY		

MD

Date

MD

Date

LAST NAME FIRST NAME Facility: SILVER LAKE NURSING HOME Patient: KARRON MARION Rm. No.: 130 N. Rec No: Date of Birth: DATE OF SERVICE: Jan 6, 2009 CHEST Compared with 11/19/08 study shows resolved right lower lobe pneumonia. Radiologic examination of the chest demonstrates a right middle lobe infiltrate and chronic obstructive pulmonary disease. Tracheostomy tube is present. IMPRESSION Right middle lobe infiltrate and COPD identified. Tracheostomy tube present. fm IMPRESSION QA: CK Radiologist: DR. SPRECHER This report has been electronically signed. PHYSICIAN USE ONLY -Results acceptable for patients condition, at Monitor results for further evaluation, refer to this time no further follow up is recommended. progress notes.

MD

Date

MD

## MEDFAX PRECISION HEALTH INC

1 (800) 972-9392

LAST NAME FIRST NAME Facility: SILVER LAKE NURSING HOME Patient: MARION KARRON Rm. No.: 130 d Rec No: Date of Birth: Nov 19, 2008 DATE OF SERVICE: CHEST compared with 11/12/08 study shows no change. The radiologic examination revealed chronic obstructive pulmonary disease and right lower lobe pneumonia. Patient is status post tracheostomy. **IMPRESSION** COPD and right lower lobe pneumonia present. Patient is status post tracheostomy. fm **IMPRESSION** QA: CK Radiologist: DR. VAYNSHELBAUM This report has been electronically signed. \_PHYSICIAN USE ONLY -Results acceptable for patients condition, at Monitor results for further evaluation, refer to this time no further follow up is recommended. progress notes. MD MD Date

### SILVER LAKE SPECIALIZED CAN'E CENTER

NAME AROUN KONON
ATTENDING PHYSICIAN

DATE OF ADMISSION FROM DATE OF DISCHARGE TO

PREASON FOR ADMISSION & PERTINENT HISTORY

VORT

CO PD

Mo Malaututian

COURSE IN NURSING HOME WITH COMPLICATIONS, IF ANY:

CONDITION, TREATMENT, MEDICATION, FINAL DISPOSITION ON DISCHARGE AND PROGNOSIS:

-Cardne a/my

FINAL DIAGNOSIS

DATE 4 1809

SIGNED M.D.

c:\msoffice\winword\hope\discharge summary.doc

FIRST NAME LAST NAME Facility: SILVER LAKE NURSING HOME MARION Patient: KARRAM Med Rec No: Rm. No.: 130 Date of Birth: PORTABLE XRAY REPORT DATE OF SERVICE: May 24, 2008 CHEST The radiologic examination of the chest demonstrates the presence of COPD. There is no evidence of pneumonia, infiltrate, or infectious disease. A tracheostomy is present. **IMPRESSION** No active disease is seen. COPD is observed. There is a tracheostomy present. ab IMPRESSION QA: CK Radiologist: DR. SPRECHER

This report has been electronically signed. \_PHYSICIAN USE ONLY Results acceptable for patients condition, at Monitor results for further evaluation, refer to this time no further follow up is recommended. progress notes. MD Date MD Date

	Controlled a miles of the control	Page	2 01 2 119536	11 /211/11		
Karron, Marion SML Code: 568146 Room:237A		Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Breoklyn, New York 11295 718-552-1000 Fax 718-552-1022  Medical Director Patricia R. Romano, M.D.  Patricia R. Romano, M.D.		SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301		
			DR. KLAHR MART	IN		
	8 26					
Lab #	Date Collected	Date Received	Date Reported	Sex Age		
105153		02/01/08	02/04/2008	F		
Out of	Range Withi	n Range	Reference Range	Units		
lin/Tazobact	Suscer Suscer	tible				
		DATE	ecessary at this time.			
ionnoted for further e	variation, see patient cha	DATE				
	Lab#  105153  Out of  cin lin/Tazobact **	63 Flashing Avenue, Breoklyr 718-552-1000 Fax 71  Medical Director, Anatomic Patricia R. Roman  Director, Anatomic Patricia R. Sridhar,  Lab# Date Collected  105153 02/01/2008  PATIENT RESULTS  Out of Range Withi  Susception  Suscepti	63 Flashing Avenue, Breoklyn, New York 11295 718-552-1000 Fax 718-552-1022  Medical Director Patricia R. Romano, M.D.  Director, Anatomic Pathology Sundara R. Sridhar, M.D.  Date Collected  105153  02/01/2008  02/01/08  PATIENT RESULTS  Out of Range  Susceptible Susceptible Susceptible Susceptible **Comments**  otable for the patient's clinical condition. No further follow up n DATE  nonitored for further evaluation, see patient chart.	On 68146  63 Flashing Avenue, Breoklyn, New York 11205 718-552-1000 Pax 718-552-1022  Medical Director Patricia R. Romane, M.D.  Director, Anatomic Pathology Sundara R. Sridha, M.D.  Date Collected  105153  Date Collected  Date Received  Date Reported  105153  O2/01/2008  D2/01/08  D2/04/2008  PATIENT  RESULTS  Out of Range  Susceptible Susceptible Susceptible Susceptible **Comments**  otable for the patient's clinical condition. No further follow up necessary at this time.  DATE  nonitored for further evaluation, see patient chart.		

MD\_\_\_\_Date

# **MEDFAX**

	CISION HEALTH INC ABLE XRAY REPORT		
acility: SILVER LAKE NURSING HOME	Patient:	LAST NAME KARRON	FIRST NAME MARION
wied Rec No:	Date of Birth		Rm. No.: 130A
DATE OF SERVICE: Aug 28, 2008  CHEST  Comparison was made with 7/18/08. The radiologic ex	camination of the chest revea	aled an NG tube ir	the distal
esophagus. A questionable nodule is seen. Advise CT A right lower lobe infiltrate and tracheostomy tube is ide	scan for evaluation.		
IMPRESSION			
NG tube identified in the esophagus. Questionable not filtrate and tracheostomy tube is observed.	dule seen. Advise CT scan f	or evaluation. Rig	ht lower lobe
ABDOMEN			
The radiologic examination of the abdømen revealed for	ecal retention and ileus.		
IMPRESSION			
Fecal retention and ileus is observed.			
dg			
MPRESSION			
QA: CK			
,			
	Radiologist: DR. SP	RECHER	
	This report has been		ed
PHYS	SICIAN USE ONLY	1 9/8/1	X
Results acceptable for patients condition, at this time no further follow up is recommended.	Monitor r		r evaluation, refer to
MDDate		MD	Date

Karron, Marion SSN: 118244899 P-om: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of Account 202271810-106095

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R78295290	1090086601	06/08/2008	06/09/08	06/10/2008	F	78
	PA	TIENT RESULTS				
Test	Out of Ran	ge Within	n Range	Reference Range	Units	
Hematology Occult Blood, Stool		Negati	ve N	Negative		
These data are acceptal M.D.	ole for the patient's clin	ical condition. No fur	ther follow up	necessary at this time.		
	nitored for further evalu	ation, see patient char				
M . D .			DATE			

\*\*COMPLETE REPORT\*\*

Karron, Marion SSN: 118244899

R 1:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1Account 212/2174199-10642'

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex Age
R78294375	1110136601	06/11/2008	06/11/08	06/12/2008	F 78
	P	ATIENT RESULTS		,	
Test	Out of Rai	nge Withi	n Range	Reference Range	Units
Hematology Occult Blood, Stool		Negati	ve Ne	gative	
M.D.	ple for the patient's clin		DATE	cessary at this time.	
These data will be mon	itored for further evalu	ation, see patient char			
M.D.			DATE		

J 0/3/0x

\*\*COMPLETE REPORT\*\*

rron, Marion SSN: 118244899 Room:130A Siel ....

Page 2 of 2

of 2 Acc210195149914ati91961775

SILVERLAKE NH - STATS

275 Castleton Avenue Staten Island, NY 10301

MC CARTHY

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romeno, M. D.

Specimen # Lab# Date Collected Date Received Date Reported Age 04/10/2008 R7680806P 1100043102 04/10/08 04/11/2008 PATIENT RESULTS Test Out of Range Within Range Units Reference Range Hematocrit L 32.3 34.0-45.0 x10^3/uL Platelets 310 150-450 \*\*Requisition Parameters\*\* Fasting? These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. These data will be monitored for further evaluation, see patient chart. DATE

O

\*\*COMPLETE REPORT\*\*

nerated By Autolims on 04/11/2008 at 05:17 AM

Repo

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2096494 - 9961775

arron, Marion SML Code: 568146 Room: 237A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Page 1 of 1<sub>Account</sub> 1987,635-938551

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R74046407	1901226	02/19/2008 09:00 AM	02/19/08	02/20/2008	F	
		PATIENT RESULTS				
Test Out of		of Range With	in Range	Reference Range	Units	

**Diagnostic Immunology** 

Microbiology Clostridium difficile Toxin A & B

Negative Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE

These data will be monitored for further evaluation, see patient chart.

DATE

\*\*COMPLETE REPORT\*\*

SILVERLAKE NH - STATS Karrod, Maria SML Code: 561672 275 Castleton Avenue Staten Island, NY 10301 300m:237A MC CARTHY Specimen # Date Reported 2204302 01/22/2008 R7404929G 01/22/2008 08:40 AM 01/22/08 PATIENT te Results Originally Reported on 01/22/2008 12:04 Complete Test x10^3/uL weutrophils, Abs 5.5 1.6 - 7.8Lymphocytes, Abs x10^3/uL 1.2 1.0 - 4.5x10^3/uL Monocytes, Abs 0.2 <1.0 x10^3/uL Eosinophils, 0.2 < 0.7 Absolute x10^3/uL Basophils, Abs. 0.1 < 0.3 x10^3/uL Platelets 288 150-450 RDW-CV 13.8 11.0-16.0 MPV 9.6 8.0-13.0 fL \*\*Requisition Parameters\*\* F sting? ese data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE These data will be monitored for further evaluation, see patient chart.

DATE

\*\*COMPLETE REPORT\*\*

M.D.

Patient Informaties

Ac1928692#9081864

Page 2 of 2

Patient Information  Karron, Marion  SML Code: 568146  Room: 237A		63 Flushing 718-	Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022  Medical Director Patricia R. Romano, M.D.  Jahreer A. Arango, M.D.  Director, Anatomic Pathology Sundara R. Sridhar, M.D.		ge 1 of Account May 580001-92012  SILVERLAKE NH - STATS  275 Castleton Avenue  Staten Island, NY 10301  DR. KLAHR MARTIN			
Specimen #	Lab#	Date	Collected	Date Received	Date Report	ed	Sex	Age
R7404645X	105153	02,	/01/2008	02/01/08	08 02/04/2008		F	
Test	Out	PATIENT of Range	RESULTS Within	Range	Reference Range		Units	
Microbiology RULE OUT MRSA Lab Comments: No BACTERIOLOGY Sputum Cultur Gram Stain Culture Res	e- ult:	**Comments	In Process In Pro In Pro	s ocess	No growth			
These data are accepta				DATE	necessary at this t	ime.		
ese data will be mo	nitored for further	evaluation, se	ee patient char	t. DATE	MP 2/4	108		

\*\*INCOMPLETE REPORT\*\*

Report Generated By Autolims on 02/04/2008 at 10:54 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 1953031

rron, Marion SSN: 118244899

Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1/4 count 2/45 0/9/42 - 117585

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age		
R8117585E	1250094202	09/24/2008	09/25/08	09/26/2008	F 78		
	PA	TIENT RESULTS					
Test	Out of Ran	ge Within	ı Range	Reference Range	Units		
Hematology Occult Blood, Stool		Negativ	ve Ne	gative			
These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.  M.D.  DATE  These data will be monitored for further evaluation, see patient chart.							
M.D			DATE				

\*\*COMPLETE REPORT\*\*

Shiel

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of Account Reliability-100723

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7680707S	1210144101	04/19/2008	04/21/08	04/22/2008	F	77
,	PA	TIENT RESULTS				
Test	Out of Ran	ge Withi	n Range	Reference Range	Units	

Hematology
Occult Blood,
Stool

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. DATE

These data will be monitored for further evaluation, see patient chart.

M.D. DATE

d/53/px

	Commence of the Commence of th					
Patient Information	Shiel	Page	2	of	2	Accd195567
)Karron, Marion	Brooklyn Navy Yard, Building 63 Flushing Avenue, Brooklyn, New Y	292		ZITE	/ER	LAKE NH

Karron, Marion

SML Code: 568146

Room: 237A

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 112

718-552-1000 Fax 718-552-1022

Medical Director

Out of Range

Patricia R. Romano, M.D.

Director, Anatomic Pathology Sundara R. Sridhar, M.D. SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Test

Within Range

Reference Range

Units

5171491216909

Ertapenem Moxifloxacin Piperacillin/Tazobact Susceptible Susceptible Susceptible

DATE

DATE

\*\*Comments\*\*

\*\*Requisition Comments\*\*

Reported to: Silverlake NH - Stats at 02/04/08 01:57 PM

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

These data will be monitored for further evaluation, see patient chart.

M.D.

\*\*COMPLETE REPORT\*\*

Paport Generated By Autolims on 02/05/2008 at 10:59 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 195575

Lab #

rron, Marion SSN: 118244899 Room: 130A

Specimen #

hiel

Page

Date Received

2 of 2 Accor<u>2</u>1204612:8in10523602

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Date Reported

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patrice R. Romens M. D.

Date Collected

R78295274	1010014101	06/01/2008	06/01/08	06/02/2008	F 77	7
	PA	TIENT RESULTS				
Test	Out of Ran	ge Within	Range	Reference Range	Units	
Monocytes%-DI		7	2-		%	
Monocytes abs		0.9		1-1.0	x10^3/uI	L
		quisition Comm	ents**			
Accessioning:Non Fas						
	**Re	quisition Para	meters**			
Fasting? - No						
These data are accept M.D.	table for the patient's cli	nical condition. No fur	ther follow up ne	cessary at this time.		
	onitored for further eval	uation see natient char				
M.D.	omicioa ioi fuffici eval		DATE			

6/19

Karron, Marion I: 118244899 Room: 130



Page 2 of 2

Ac2018 4n707 Hat 28 3 2 6 9 7

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

275 Castleton Avenue Staten Island, NY 10301

SILVERLAKE NH - STATS

Medical Director Patricia R. Romano, M.D.

MCCARTHY

03/31/2008  PATIENT RESULTS  t of Range With		04/06/2008	F	77
of Range With	in Danga			
	iii Kange	Reference Range	Unit	S
No gi	rowth after s	days		
**Comments**				
**Requisition Para	ameters**			
t's clinical condition. No fu	orther follow up nec	essary at this time.		
	DATE			
evaluation, see patient cha	art.			
	DATE			
11	**Comments**  **Requisition Para  at's clinical condition. No fu	**Comments**  **Requisition Parameters**  at's clinical condition. No further follow up necessary DATE  er evaluation, see patient chart.	**Requisition Parameters**  at's clinical condition. No further follow up necessary at this time.  DATE  er evaluation, see patient chart.	**Comments**  **Requisition Parameters**  at's clinical condition. No further follow up necessary at this time.  DATE  er evaluation, see patient chart.

ron, Marion SSN: 118244899

Room: 130A

Biel

Date Collected

Page 2

Date Received

of 2

Ac24945455514511404981029

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Date Reported

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romano, M.D.

6 6									
F	R81600961	1160088	801	10/1	5/2008	10/16/08	10/19/2008	F	78
			PA	TIENT	RESULTS				
	Test		Out of Ran	ge	Withi	n Range	Reference Range	Un	its
	Levofloxacir Vancomycin Linezolid Synercid	n			Suscept Suscept Suscept Resista	ible ible			
			**Com	ments*					
M.I.	ese data will be moni					DATE	cessary at this time.		
M.I	)					DATE			
	#4" v								

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 10/19/2008 at 08:47 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2494545-11981029

Karron, Marian L Code: 617316 bm:130A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director Patricia R. Romano, M.D.

Patricia R. Romeno M. D.

Page 1 of Account Pala Air - 100719

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Ag
R7680805S	1210128401	04/19/2008	04/21/08	04/22/2008	F	
	PA	TIENT RESULTS				
Test	Out of Ran	ge Within	n Range	Reference Range	Units	
lematology Occult Blood, Stool		Negati	ve Neg	gative		
.D.	ble for the patient's clin		DATE	essary at this time.		
hese data will be mor .D.	nitored for further evalu	ation, see patient char	t. DATE			

Patient Information Ac21149B122m1L0210898 Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 ron, Marion

718-552-1000 Fax 718-552-1022

Medical Director Patricia R. Romano, M.D. SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	1	ate Collected	Date Received	Date Reported	Sex Ag
R7738360L	104000	8901 0	5/04/2008	05/04/08	05/04/2008	F 77
		PATIEN	T RESULTS			
Test		Out of Range	Withi	n Range	Reference Range	Units
Monocytes abs-I Bands%-DIF Bands abs-DIF <b>RE Morphology</b> Hypochromia-DIF Polychromasia-I	F H	Slight Slight	0.6 3 0.4	0.3	L-1.0	x10^3/uL %
		**Requis	ition Para	meters**		
Fasting? - No						
These data are acceptable	le for the pa	tient's clinical co	ondition. No fur		essary at this time.	
M. ) The data will be moni	tored for fu	rther evaluation	see natient char	DATE		
M.D.	itored for fu	inici evaluation,	see patient char	DATE		

\*\*COMPLETE REPORT\*\*

SSN: 118244899

W: 118244899 N: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 1ccount 2/3/5/9:6:2/2-113190

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lan #	Date Concetted	Date Received	Date Reported	DCA	Age
R7995765S	1140034101	08/14/2008	08/14/08	08/15/2008	F	78
		PATIENT RESULTS				
Test	Out of R	ange With	in Range	Reference Range	Units	
)						
Diagnostic Immuno Microbiology Clostridium difficile Toxi & B (3)		Negati	lve Ne	gative		
M.D.		linical condition. No fu	DATE	cessary at this time.		

ron, Marion SSN: 118244899

Room:130A

niel

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 1Account 25/0 11/10/08-120388

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date	Collected	Date Recei	ived	Date Reported	Sex	Age
R8204862V	1220044101	10/22/200	8 08:10 AM	10/22/	08	10/22/2008	F	78
		PATIENT	RESULTS					
Test	Out of	Range	Within	Range		Reference Range	Unit	S
Endocrinology Thyroxine (T4 T3-Uptake	) н (41.	1 4	7.7		4.5-	10.9	ug/dL	
TSH 3rd General T3, Total T4, Free			88 —			-5.50 81	uIU/mI ng/dL ng/dL	ı
					Note: I	Reference range upda	ite as 10/07	7/08
These data are accepta M.D.	able for the patient's c	linical condi	tion. No furth	er follow up	neces	sary at this time.		
	nitored for further eva	aluation, see	patient chart.					

of Mayor

rarron, Marion SSN: 118244899

Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romens M. D.

Page 1 of Account 2030 693 BB-112026

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

on plays

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Ag
R7944585W	1030012301	08/03/2008	08/03/08	08/04/2008	F	78
	PA	ATIENT RESULTS				
Test	Out of Ran	nge Within	n Range	Reference Range	Units	
}		A STATE OF STREET, AS IN THE OWNER, MADE AND A STATE OF THE OWNER, WHEN				
Diagnostic Immun	ology		)			
Microbiology	/.	/	)			
Clostridium difficile Tox		cive for	Neg	gative		
& B (2)	in A H toxir H and/o					
W D (D)						
These data are accenta	able for the patient's clin	ical condition. No fur	ther follow up nec	essary at this time.		
M.D.			DATE			
M.D.	nitored for further evalu	ation, see patient char				

W 81614





Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patricia R. Romans, M. D.

Page 1 of 1ccount 2359862-113190

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Lab#	Date Collected	Date Recei	ived	Date Reported	Sex	Age
1140033401	08/14/2008	08/14/	08	08/15/2008	F	78
P	ATIENT RESULTS					
Out of Ra	nge Withi	n Range		Reference Range	Unit	S
n A	Negati	ve	Neg	gative		
· /   X		DATE	up nec	cessary at this time.		
intorca for farther eval	uation, see patient ena	DATE				
	Out of Randless of Particles of Randless o	1140033401 08/14/2008  PATIENT RESULTS  Out of Range Within  Plogy  Negation A  Ole for the patient's clinical condition. No further	1140033401 08/14/2008 08/14/  PATIENT RESULTS  Out of Range Within Range  Plogy  Negative  n A  ple for the patient's clinical condition. No further follow DATE itored for further evaluation, see patient chart.	1140033401 08/14/2008 08/14/08  PATIENT RESULTS  Out of Range Within Range  Plogy  Negative Negative Negative To DATE  itored for further evaluation, see patient chart.	1140033401 08/14/2008 08/14/08 08/15/2008  PATIENT RESULTS  Out of Range Within Range Reference Range  Negative Negative  n A  ole for the patient's clinical condition. No further follow up necessary at this time.  DATE  itored for further evaluation, see patient chart.	1140033401 08/14/2008 08/14/08 08/15/2008 F  PATIENT RESULTS  Out of Range Within Range Reference Range Units  Negative Negative  n A  Ole for the patient's clinical condition. No further follow up necessary at this time.  DATE  itored for further evaluation, see patient chart.

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 08/15/2008 at 11:17 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2359622-11319026

N: 118244899

130A:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romano, M. D.

Page 1 of 1ccount 2359622-113190

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Ag
R7995766P	1140035301	08/14/2008	08/14/08	08/15/2008	F	78
	PA	TIENT RESULTS				
Test	Out of Ran	ge Within	Range	Reference Range	Units	;
)						
agnostic Immun	ology					
crobiology	OV.					
Clostridium Hifficile Toxi	in A	Negati	ve Neg	gative		
B (2)	III A					
	/					
	ble for the patient's clin	ical condition. No fur		cessary at this time.		
D	16 6/11		DATE			
	nitored for further evalu	ation, see patient char				
			1 ) \(\frac{1}{1}, \text{F}, \)			
D			DATE			
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\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 08/15/2008 at 11:17 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2359622-11319081

Lab#

Frron, Marion 1: 118244899

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Specimen #

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Date Collected

Page

Date Received

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205

Ac2011 4325 at 28 96587

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

Date Reported

Medical Director Patricia R. Romano, M.D.

718-552-1000 Fax 718-552-1022

Patrice R. Romens M. D.

R7680717N	1050016201	04/05/2008 11:55 AM	04/05/08	04/05/2008	F 77	7
	I	PATIENT RESULTS				
Test	Out of Ra	ange With	in Range	Reference Range	Units	
Absolute Basophils, Abs. Platelets RDW-CV MPV	**Re	0.0 345 13.3 10.8 equisition Comm	11.	-450 0-16.0	x10^3/uL x10^3/uL % fL	
Accessioning:Non Fasting	5	-				
Fasting? - No		equisition Para				
These data are acceptable M.D. Th. data will be monito	/ /-	nical condition. No furnation, see patient cha	DATE	essary at this time.	_	

ron, Marion SSN: 118244899 Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano M. D.

Page 1 of 1 ccount 2084 11:4175-112221

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R7944678N	1050077701	08/04/2008	08/05/08	08/06/2008	F	78
		PATIENT RESULTS				

Test

Out of Range

Within Range

Reference Range

Units

Diagnostic Immunology
Microbiology
Clostridium
difficile Toxin A
& B (3)

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

These data will be monitored for further evaluation, see patient chart. M.D.

DATE

LAMIS

\*\*COMPLETE REPORT\*\*

Rer

Subject:

## Precision Health / Medfax: Preliminary Results

Facility Name	Room No	Status
SILVERLAKE	130	COMPLETED
Last Name	First Name	Tel No
KARRON	MARION	718-447-7800
Procedure	Class	***************************************
CHEST	TODAY	Date Completed
Called Into	Reason Study	10/15/08

### PRELIMINARY RESULT

RIGHT LOWER LOBE PNEUMONIA; COPD

NOTE: This document contains confidential and privileged information, intended solely for the use of individual or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any distribution use or copy of this document is prohibited. Any medical information contained maybe used only for treatment, payment and health care operations, (TPO) HIPPA. This information may not be disclosed to any third party without written authorization of the sender. If you receive this document in error please call us at 1-800-XRAY-EXAM. Thank you.

(1) 10/17/4 gren 80 my Johnson

rron, Marion SSN: 118244899 Room: 130A Siel medical Taboracory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patrice R. Romano, M.D.

Page 2 of 2 Accompt如何可認的10562050

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date	e Collected	Date Received	Date Reported	Sex Age
R78294367	1040035	5302 06/04/2	2008 08:59 AM	06/04/08	06/04/2008	F 77
		PATIENT	RESULTS			
Test	0	ut of Range	Within R	ange	Reference Range	Units
MCHC			31.8	31	.0-37.0	%
Neutrophils%	H	82.0			.0-70.0	
Lymphocytes%	L	12.3			.0-40.0	ماه ماه ماه ماه
Monocytes%			3.7	2.	0-10.0	0/0
Eosinophils%			1.7	1.	0-4.0	%
Basophils%			0.3	0.	0-1.0	00
Neutrophils, Abs	H	10.9		1.	6-7.8	x10^3/uL
Lymphocytes, Abs	5		1.6	1.	0-4.5	x10^3/uL
Monocytes, Abs			0.5	<1	. 0	x10^3/uL
Eosinophils, Absolute			0.2	< 0	. 7	x10^3/uL
ophils, Abs.			0.0	< 0	. 3	x10^3/uL
latelets			363	15	0-450	x10^3/uL
RDW-CV			12.5	11	.0-16.0	00
MPV			9.4	8.	0-13.0	fL
		**Requis:	ition Comme	nts**		
Accessioning:Non Fasting						
These data are acceptable	for the pat	ient's clinical co	ondition. No furth	er follow up ned	cessary at this time.	
M.D				DATE	•	
These data will be monito	red for fur	ther evaluation,	see patient chart.			
M.D.			-	DATE		

\*\*COMPLETE REPORT\*\*

Repres Generated By Autolims on 06/04/2008 at 10:27 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2212778-105

ron, Marion : 118244899

om:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano M. D.

Page 1 of Account 2305092-111969

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7944584Y	1020005701	08/02/2008	08/02/08	08/03/2008	F	78
		PATIENT RESULTS				

Test

Out of Range

Within Range

Reference Range

Units

Diagnostic Immunology
Microbiology

Clostridium difficile Toxin A & B Positive for toxin A and/or B

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE

18/4

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 08/03/2008 at 06:56 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2335092-11196931

## Shiel Medical Laboratory

at Silver Lake Nursing Home 275 Castleton Avenue Staten Island, NY 10301

	ARIERIA	L BLOOD GAS REPURI
NAME (Last, First	Karron, Sla	rion Date 4/14/08 ID# 15354
TIME DRAWN	2155	[ JAM DAM
)		
	IRMA TRupoint Blood Analysis System Patient Test Results SZN: 24908 Tested on 07/14/08 03:00 PM	VENTILATOR SETTINGS  MODE (CIRCLE ONE) (AJC SIMV CPAP T/C PS  FIO2 45-55 .  R.R. 12/  VT 500  ASSISTING RATE
)	Calibration Successful  Cal Code LMZ-EUC-GLX  Cantridge Lot EYTSX  Test Number 2550	ETCO <sub>2</sub> 5/4 O <sub>2</sub> ANALYZED 54/, PO 93/.
	Patient ID: 15354  Patient Temperature 37.0°C 98.6°C  BP 771 mmH9  Measured 0 37.0 °C pH L 7.326 pC02 H 87.1 mmH9 p02 82.1 mmH9	REFERENCE RANGE  pH 7.35 - 7.45  pCO <sub>2</sub> 35 - 45 mmHg  pO <sub>2</sub> 80 - 100 mmHg  HCO <sub>3</sub> 22 - 26 mmHg  tCO <sub>2</sub> 22 - 29 mmHg  BE-b -2 to +2 mmHg  BE-ecf -2 to +2 mmHg  O <sub>2</sub> sat. $97.0 - 100$ %
	Ref. Ranges pH 7.350-7.450 pC02 35.0-45.0 mmHg p02 80.0-100.0 mmHg  Calculated Results HC03-45.0 mm TC02 47.7 mM * BEb 14.2 mm BSeof 19.0 mm 02Sat 95.1 %	COMMENTS:
, Y	*tHo for 385 15.0 g/dL Sample Info: Type: Arterial	REPORTED TO: Reportel C. Rango

ron, Marion

Spiel

Page

of 2

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

A (251019]Bf016Ha]1121085849

Medical Director Patricia R. Romano, M.D.

Patrice R. Romano M. D.

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex Age
R8205298T	1260017203	10/26/2008	10/26/08	10/27/2008	F 78
1000		PATIENT RESULTS			
Test	Out of R	Lange Withi	in Range	Reference Range	Units
MCHC Neutrophils% Lymphocytes% Monocytes% Eosinophils% Basophils% Neutrophils, Abs Lymphocytes, Abs Monocytes, Abs Eosinophils,		32.0 4.3 2.2 0.3 1.0 0.4 0.2	40 20 2. 1. 0. 1. <1	0.0-37.0 0.0-70.0 0.0-40.0 0-10.0 0-4.0 0-1.0 6-7.8 0-4.5	% % % % x10^3/uL x10^3/uL x10^3/uL x10^3/uL
Absolute F pphils, Abs. Pratelets RDW-CV MPV		0.0 229 14.9 9.8	15 11	0.3 0-450 0-16.0 0-13.0	x10^3/uL x10^3/uL % fL
7-11-0	**Re	equisition Parar	meters**		
Fasting? - No					
These data are acceptable for M.D.  These data will be monitor			DATE	ecessary at this time.	
M.	ed for further eval	uation, see patient char	DATE		

Mulson

\*\*INCOMPLETE REPORT\*\*

Report Generated By Autolims on 10/27/2008 at 08:22 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2509306-12085849

### SILVER LAKE SPECIALIZED CARE CENTER

### **CONSULTATION REQUEST AND RECORD**

Karron Marion 130
DATE OF REQUEST: Dec 3 2008
ATTENDING PHYSICIAN (REQUESTING CONSULT) MCCOUTLY
TYPE OF CONSULTATION: ENT (D) Bhayon)
DIAGNOSIS: VDRF, COPD, Malnutrition, 4 A-Fil
REASON FOR CONSULTATION:  Track Change
ATTENDING PHYSICIAN'S SIGNATURE:
REPORT OF CONSULTATION (Opinion & Recommendation)
Resp bette
· for Crolin chy
DCT POS Chied No dithing
DOT POS Chyed de ditty
· Toposted well
Elo 2mt
SIGNATURE OF CONSULTANT: DATE: 12/8/88
SILVERLAKE-KARRON-000056

### Silver Lake Specialized Care Center Physical Therapy discharge Summary

Name: KARRON, MARION Room # 2374 Dr. KLAHR
Diagnosis: RESP. FAILURE, VENT-DEP., PNEUMON: A, COPD, A-F.B., MALWIRITION  Period of Therapy: 1/22/28 to 2/27/08
Observations/Precautions: CARDIAZ/RESP. PRECAVTIONS, RESIDENT PORRLY COMPLIANT AND AGITATED AT TIMES.
Initial Eval Status:
PROM: WFZ (B) LE, (L) ANNUE (S) DF., (R) ANNUE FIXED; (B) UE: WFZ
Strength MMT BLE: GRESS OF FAIR, BUE GRESS LY FAIR
Bed mobility REG. CONTART GUARDING
Transfers REA. EXT. PHys. (A) OF Z
Balance NITTING (DYN): FO, (STATIC) FAIR
Ambulation NOW - AMBULTIONEY, WARRE TO VIANO.
Discharge Status:
PROM: UNCHAWED.
Strength UNCHANGES.
Bed mobility CONTACT GUARDING
Transfers Ext. Pitys. (A) OF Z
Balance SiTTING (LYW): FO/Fair, WTATE): FAIR
Ambulation NOW-AMBULATARY ABLE TO STAND I WALKER REG. EXT.
Ambulation Now-Ambulatory, ABLE TO STAND I WALKER REG. EXT.  Reason for discharge. (A) For Amprey. 30 Secs. X 3 TICALS.
Reason for discharge:  All goals met  Plateau reached  Other LACK OF Thompson  Plan:  Place Rom  Other  Oth
Plan:
Floor Rom Floor Amublation Other
Therapist Signature: M. Huf. P. Date: 3/3/48
MD Signature: Date:

## Shiel Medical Laboratory

at Silver Lake Nursing Home 275 Castleton Avenue Staten Island, NY 10301

### ARTERIAL BLOOD GAS REPORT

NAME (Last, First)	Marron, Mar	2000 Date 4/5/08 ID# 15354
TIME DRAWN_	11:00	AM []PM
	IRMA TRUpoint Blood Analysis System Patient Test Results S/N: 24908 Tested On 07/15/08 11:09 Am	VENTILATOR SETTINGS  MODE (CIRCLE ONE) A/C SIMV CPAP T/C PS  FIO2 45-55  R.R. 16
	Calibration Successful  Cal Code LMZ-EUC-GLX Cartridge wot EYTSX	ASSISTING RATE 18 ETCO2 42, O2 ANALYZED 46
)	Test Number 2552 Patient ID: 15354	PO 961.
	Patient Temperature 36.7°C 98.0°F  BP 777 mmH9  Measured 0 37.0 °C  pr h 7.692  pCO2 29.5 mmH9  pO2 h 171.6 mmH9  Corrected to 36.7 °C  ph h 7.697  pcO2 29.0 mmH9	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	PO2 F 169.7 mmm9  Ref. Ranges PF 7.350-7.450 PC02 35.0- 45.0 mmH9 P02 80.0-100.0 mmH9  Calculated Results HC03- 35.3 mm TC02 36.2 mm 88b 15.0 mm BEecf 15.3 mm O2Sat 99.5 %  *tab for BEb 15.0 9/di	REPORTED TO: A. Messe
	Sample Info: Type: Arterial Site: Left Radial	

Terrore Tristor marris

Karrod, Maria

SML Code: 561672

Room: 237A

Brooklyn Navy Vord, Building 302 63 Fluching Acoust Brooklyn New York 14 293 749-352-4008 (env. 15) 4, a 1910

> Medical Of color Patricin V. Penedia (ed.D)

Page 1 of 2\ccoun(1928692-908186

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MC CARTHY

Specimen #	Eqt: #		Date Collected	Date Recei	ed Date Re	ported	Sex Age
R7404929G 2	204302		/2008 08:40 AM	01/22/	08 01/22	2/2008	F
Test	Comple	te Result out of Range	s Originally	Report	ted on 01/2 Reference	2/2008 Range	3 12:04 PM
}							
Clemistry							
Glucose (grey) FASTINGFasting?No (Fasting Glucose <100 mg/dL: N			the diagnosis of diabet	tes:	65-99		mg/dL
100-125 mg/dL:	Impaired f	asting glucose					
>125 mg/dL: In							
Ref: Diabetes Ca Urea Nitrogen	are 29:543- H	27			5-25		mg/dL
Creatinine	п	21	0.8		0.6-1.1		mg/dL
BUN/Creat Ratio	H	33.8	0.0		5.0-30.0		mg/ db
odium			142		133-146		mEq/L
ptassium			4.8		3.4-5.4		mEq/L
nloride			101		94-113		mEq/L
Carbon Dioxide			31		19-31		mEq/L
Calcium			9.5		8.1-10.3		mg/dL
Endocrinology			0 5				/ 7=
Thyroxine (T4)	***	40.0	9.7		4.5-10.9		ug/dL
T3-Uptake	H	42.3	2 70		22.5-37.0		% TII /mT
TSH 3rd Generation T3, Total	)11		2.78 99		0.35-5.50 60-181		uIU/mL ng/dL
T4, Free			1.57		0.89-1.76		ng/dL
Hematology			1.57		0.05-1.70		119/411
White Blood Count			7.1		4.0-11.0		x10^3/uL
Red Blood Count	L	3.59	,		3.80-5.40		x10^6/uL
moglobin			11.4		11.1-14.7		g/dL
ematocrit			35.0		34.0-45.0		700
CV			98		78-102		fL
MCH			31.0		27.0-31.0		pg
MCHC			32.6	$\wedge$	31.0-37.0		%
Neutrophils%	H	77.0		/ )	40.0-70.0		00
Lymphocytes%	L	16.9			20.0-40.0		%
Monocytes%			2.4		2.0-10.0		00000
Eosinophils%			2.7		1.0-4.0		%
Basophils%			1.0	1 /	0.0-1.0		ે

Report Generated By Autolims on 01/22/2008 at 04:04 PM

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## SILVER LAKE SPECIALIZED CARE CENTER DEPARTMENT OF OCCUPATIONAL THERAPY

	Annual: Monthly re-eval: V Re-admit: Change in status:
	Resident's Name: <u>Karron</u> , <u>Marion</u> Room: <u>237</u> MD: <u>Klahr</u> Diagnosis: <u>Vent Resp. Fail</u> , <u>PNEM</u> , <u>COPD</u> , <u>A-Fib</u> , <u>ETOH</u>
-	Change in ROM/StrengthYes \( \subseteq \text{No} \)
1	Assident & no changes in orwall stringels
-	and endurance or halance.
	The grant of the state of the s
	Change in ADL/Functional StatusYesNo
	resident continues to regione 9++ B for all
	ADL Juncturál publiky
)_	Change in Treatment Plan/Cools / Ves No.
	Change in Treatment Plan/Goals
	Resident is consistently per compliant à Tx.
	No D's noted. Lyno Din level of Compliano on
-	Juntunas abulation abulation - usedent may be of /c'd
-	Additional Goals: fum ust pewices within Juliels
L	
)	O.T. Signature Milena Casalino OPIL Date: 2/19/08
	M.D. Signature Date: 2/19/08

# "Shiel Medical Laboratory at Silverlake Nursing Home

275 Castleton Avenue, Staten Island, NY 10301

### ARTERIAL BLOOD GAS REPORT

NAME (Last, First) Karron, Marion Date 1/23/08 ID# 15354
TIME DRAWN 5:50 [] AM MPM

5.000 Phalysis byslew Partent Test Results SZNI Z4566

Tested on 8./23/65 85:55 Ph

Calibration Successful

Sal Code | 117-BCL-wJ. Santhidge Lot | EXHDZ Test Number | 2130

Patient 10: 15354

Patient Temperature 36.1°C 97.8°F

30 775 mmH9

reasured % 37.8 °C

p- \_ 7.342

p002 - 58.4 mmH9

p02 85.2 mmH9

7.35 or 7.352 occupant of 7.352 occupant occupan

p- 7,350-7,450 p002 35,8-45,0 mm-9 p02 86.0-106.0 mm-9

31.3 | 1003- | 31.3 | 1003- | 32.3 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 | 1003- | 33.1 |

-mits for 38th 5.8 g/du

ample (h-ho: Type: Amterial Site: Right Racial

1 5 m 19 3	13.13 A.T	or set	INTESES.		
MODE (circle one)	(A/C/	SIMV	CPAP	T/C	PS
FiO2 35-45		1			
R.R. 14					
VT 500					
ASSISTING RATE					

	neren	ince range
рН	7.35 - 7.45	
pCO <sub>2</sub>	35 - 45	mmHg
pO <sub>2</sub>	30 - 100	mmHg
HCO <sub>3</sub>	22 - 26	mmHg
tCO2	22 - 29	mmHg
BE-b	-2 to +2	mmHg
BE-ecf	-2 to +2	mmHg
O2 sat.	97.0 - 100	%

COMMENTS: /

Reportel K. Scano

rron, Marion \_N: 118244899



63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patricia R. Romero M. D.

DR. SCEUSA CARL

A Contract of the Contract of										
Specimen #		Lab#		Date Collected	Date Re	eceived	Date Reported	Sex		Age
R8205298T	12	600172	203	10/26/2008	10/26	/08	10/27/2008	F	78	
			PATI	ENT RESULTS						
Test			ut of Range		n Range	** 7	Reference Range	Uni	ts	
/	***	This	Report	Contains Cri	tical	Value	S ****			
MCHC				32.0		31.	0-37.0	%		
Neutrophils%		H	83.8				0-70.0	%		
Lymphocytes%		L	9.3				0-40.0	00		
Monocytes%				4.3		2.0	0-10.0	000 00		
Eosinophils%				2.2			0-4.0	00		
Basophils%				0.3			0-1.0	%		
Neutrophils,	Abs	H	8.6				5-7.8	x10 <sup>3</sup>	/uL	
Lymphocytes,				1.0			)-4.5	x10^3		
Monocytes, Ab				0.4		<1.		x10^3		
Eosinophils,				0.2		< 0.		x10^3		
Absolute									,	
F pphils, Ab	S.			0.0		< 0.	3	x10^3	/uTi	
-P. telets				229			0-450	x10^3		
RDW-CV				14.9			0-16.0	%	/ 41	
MPV				9.8			0-13.0	fL		
****			**Regu	isition Comme	nte**	0.0	15.0	111		
Reported to: Silverla	ke NH -	Stats at			1100					
reported to. Shirting	1111	out ut		isition Param	neters*	*				
Fasting? -			noqu	IDICIOII I GI GI	iccci b					
No			A							
These data are accept	able for	the natie	nt's clinica	L condition No furt	her follow	un nec	essary at this time			
M.D.		the patie	o Citialea	i condition. 140 luit	DATE	up nec				
These data will be me	onitored	for furth	er evaluation	on see natient chart						
M.D.	omioica	ioi iuiui	Chaidail	on, see panem chart	DATE					
11. 1.			V		DAIL					-

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 10/27/2008 at 10:49 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2509812-12083605

ron, Marion SSN: 118244899

Room: 130

Brooklyn Navy Yard, Building 292

Page

2 of 2 Accord 225 Mat 2076321

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY

DR. SCEUSA CARL

Medical Director Patricia R. Romano, M.D.

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romano, M. D.

Date Collected Date Reported Specimen # Lab# Date Received Age 04/11/2008 04/11/08 04/14/2008 F R7631228W 1110011801 PATIENT RESULTS Test Out of Range Within Range Reference Range Units Ciprofloxacin Resistant Tobramycin Susceptible Ceftazidime Susceptible Intermediate Ampicillin/sulbactam Cefuroxime Susceptible Levofloxacin Resistant Cefoxitin Susceptible Susceptible Cefepime Susceptible Aztreonam Imipenem Susceptible Ceftriaxone Susceptible ricarcillin/Clav Ac Susceptible Cephalothin Resistant Amikacin Susceptible Cefotaxime Susceptible Ertapenem Susceptible Cefotetan Susceptible Piperacillin/Tazobact Susceptible \*\*Comments\*\* These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart. M.D. DATE

\*\*COMPLETE REPORT\*\*

Ref. Generated By Autolims on 04/14/2008 at 12:59 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2102257-9976321

## Shiel Medical Laboratory

at Silver Lake Nursing Home 275 Castleton Avenue Staten Island, NY 10301

### ARTERIAL BLOOD GAS REPORT

NAME (Last, First)   Carron , Marie	Date 4/14/08 ID# 1535
TIME DRAWN2;30	JAM PPM
	, y ,
IRMA TRUpoint Blood Analysis System Patient Test Results SZM: 24908	VENTILATOR SETTINGS  MODE (CIRCLE ONE) (AIC SIMV CPAP T/C PS  FIO2 45-55%  R.R. / 2/
Tested on 87/14/08 - 02:35 PM	VT 500 ASSISTING RATE
Calibration Successful	
Cal Code LMZ-EUC-GLX Cantridge Lot BYTSX Test Number 2549	$ETCO_2$ $O_2$ ANALYZED $S9/$ .
Patient ID: 15354	REFERENCE RANGE
Patient Temperature 37.0°C 98.6°C	pH 7.35 – 7.45 pCO <sub>2</sub> 35 - 45 mmHg
BP 771 mmHg	pO <sub>2</sub> 80 - 100 mmHg
Measured 0 37.0 °C PH _ 7.332	HCO <sub>3</sub> 22 - 26 mmHg tCO <sub>2</sub> 22 - 29 mmHg
PCO2 n 82.2 mmng PO2 L 40.4 mmng	BE-b -2 to +2 mmHg BE-ecf -2 to +2 mmHg
Ref. Ranges PH 7.350-7.458 PC02 35.0- 45.0 mmHg P02 80.0-100.0 mmHg	O <sub>2</sub> sat. 97.0 - 100 %  COMMENTS:
Calculated Results  HC03- 43.0 mM  TC02 45.5 mM  * BEb 12.8 mM  3Eecf 17.1 mm  02Sat 70.3 %	AMON .
StHo for BSb 15.8 g/dL Sample Info: Type: Anterial Site: Left Racial	REPORTED TO: 2. Absaharis

### SILVER LAKE SPECIALIZED CARE CENTER

## CONSULTATION REQUEST AND RECORD

	Karron Marin 240
DATE OF REQUEST:  ATTENDING PHYSICIAN (REQUESTING CONSULT)  TYPE OF CONSULTATION:  DIAGNOSIS:  DIAGNOSIS:  DIAGNOSIS:	ril 3 2009 Klahi NT (Dr. Bhayari) Inutulion, % A-Fih
REASON FOR CONSULTATION:	ch Change
ATTENDING PHYSICIAN'S SIGNATURE:	artin Klah
REPORT OF CONSULTATION (Opinion & Recommendation	g he Resp filmy
Me 8 DCT	chiged of themist
The fibriles	
· My Jos	at chy
COUNTERSIGNED M.D.	DATE: 4 Hom

ron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 1ccount 12/3/019/4/919-110556

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR.MCCARTHY

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R7944593X 1	210061001		07/21/08	07/21/2008	F	78 .
		PATIENT RESULTS				
Test	Out of	Range Within	Range	Reference Range	Units	
***	* This Re	eport Contains Cr	itical Value	es ****		
Chamiatur						
C <b>hemistry</b> Glucose (grey)	н 11	1.8	65.	- 99	mg/dL	
FASTINGFasting?No		riteria for the diagnosis of dia		- 99	mg/an	
(Fasting Glucose	(e)					
<100 mg/dL: N	ormal fasting g	glucose				
100-125 mg/dL:						
> 125 mg/dL: Ir Ref: Diabetes Ca						
Urea Nitrogen	H 25		9-2	) 3	mg/dL	
Creatinine	L 0.				mg/dL	
eCTR (calculation		>60	>60		97 42	
For African-Ame		ly EGFR result x 1.2				
BUN/Creat Ratio	H 49	9.5		0-30.0		
Sodium		140			mEq/L	
Potassium Serum Appearance		4.8 Clear			mEq/L	
Chloride		99	Cle		mEq/L	
Carbon Dioxide	VH 36				mEq/L	
Calcium	L 8.	. 2			mg/dL	
	* *	Requisition Parar	meters**			
'asting? - No		1				
These data are acceptable fo I.D.	r the patient's	clinical condition. No furt	her follow up nec DATE	essary at this time.		
These data will be monitored	d for further e	evaluation, see patient chart				
I. <u>)</u>		(	DATE			

\*\*COMPLETE REPORT\*\*

Rep.

160 X

Patient Information

ron, Marion SSN: 118244899

Room: 130A

Thiel was

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 1Accoun2 Hath 2 il 3 i 3 ir 117170

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab#	Dat	e Collected	Date Received	Date Reported	Sex	Age
R80545231	12200846	501 09/22/200	08 09:40 AM	09/22/08	09/22/2008	8 F 78	
		PATIENT	RESULTS				
Test	(	Out of Range	Within	Range	Reference Range	Units	
Hematology							
White Blood Coun	it		7.0		.0-11.0	x10^3/uL	
Red Blood Count	L	3.40			.80-5.40	x10^6/uL	
Hemoglobin	L	10.2			1.1-14.7	g/dL %	
Hematocrit	L	33.0	0.5		4.0-45.0	% 5	
MCV			97		8-102	fL	
MCH	т.	20.0	30.0		7.0-31.0	D1 010 010 010 010 010 010	
MCHC	L	30.9	68.1		1.0-37.0 0.0-70.0	0	
Neutrophils% Lymphocytes%			22.0		0.0-40.0	0	
Mc ocytes%			5.7		.0-10.0	0	
E nophils%			3.9		.0-4.0	00	
Basophils%			0.3		.0-1.0	0/0	
Neutrophils, Abs			4.8		.6-7.8	x10^3/uL	
Lymphocytes, Abs			1.5		.0-4.5	x10^3/uL	
Monocytes, Abs			0.4	<	1.0	x10^3/uL	
Eosinophils,			0.3	<	0.7	x10^3/uL	
Absolute Basophils, Abs.			0.0	<	0.3	x10^3/uL	
Platelets			272		50-450	x10^3/uL	
RDW-CV			14.3		1.0-16.0	%	
MPV			10.5		.0-13.0	fL	
These data are acceptable	for the patie	nt's clinical cond	lition. No furth		ecessary at this time.		
The data will be monitor	1.6.6.1			DATE			

\*\*COMPLETE REPORT\*\*

Rego Tenerated By Autolims on 09/22/2008 at 02:25 PM

M.L.

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 24

DATE

Karron, Marion SML Code: 568146

Room: 237A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

atrice R. Romeno M. D.

Director, Anatomic Pathology Sundara R. Sridhar, M.D.

Page 1 of Acount 11958641-921473

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY

DR. KLAHR MARTIN

		8 50	)			
Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7404645X	105153	02/01/2008	02/01/08	02/04/2008	F	
		PATIENT RESULTS				

Test

Out of Range

Within Range

Reference Range

Units

Col/mL

Lagnostic Immunology

Microbiology

RULE OUT MRSA

Lab Comments:

No MRSA recovered

No growth

No growth

BACTERIOLOGY

Sputum Culture-Gram Stain

Culture Result:

Organism: Serratia marcescens:

ANTIBIOTIC

Tetracycline Trimeth/Sulfa Ampicillin Nitrofurantoin Gentamicin

Cefazolin Amoxicillin/K Clav'ate

Ciprofloxacin Tobramycin Ceftazidime

Ampicillin/sulbactam Cefuroxime Levofloxacin Cefoxitin

Cefepime Aztreonam Imipenem Ceftriaxone

Ticarcillin/Clav Ac Meropenem (C) Cephalothin Amikacin Cefotetan

Cefotaxime

In Process

In Process See below

Many

SENSITIVITY Susceptible Susceptible Resistant Resistant

Susceptible Resistant Resistant Intermediate

Susceptible Resistant Resistant Resistant Susceptible Susceptible Susceptible

Resistant Susceptible Resistant Intermediate

Susceptible Resistant Susceptible Susceptible

Resistant \*\*INCOMPLETE REPORT\*\*

Report Generated By Autolims on 02/04/2008 at 01:35 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 1953641-9214734

SILVERLAKE-KARRON-000068

ron, Marion 5.N: 118244899 Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano M. D.

Page 1 of Account 2113418-100509

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #		Lab #	Date	Collected	Date Receiv	ed Date Reported	Sex Age
R7680722W	R7680722W 1		04/18/200	08 08:31 AM	04/18/0	08 04/18/200	8 F 77
			PATIENT	RESULTS			
Test		Out of	Range	Within	Range	Reference Range	Units
Hematology							
White Blood	Coun	t		8.0		4.0-11.0	x10^3/uL
Red Blood C		L-3.:	31			3.80-5.40	x10^6/uL
Hemoglobin		L 9.				11.1-14.7	
Hematocrit		L 31	.8			34.0-45.0	g/dL %
MCV		6	/.	96		78-102	fL
MCH				29.6		27.0-31.0	
MCHC		L 30	. 8			31.0-37.0	00
Neutrophils	%			62.8		40.0-70.0	D1 0/0 0/0 0/0 0/0 0/0 0/0 0/0
Lymphocytes				26.5		20.0-40.0	0/0
Monocytes%				6.1		2.0-10.0	%
E lnophils	%	H 4.	3			1.0-4.0	%
Basophils%				0.3		0.0-1.0	%
Neutrophils	, Abs			5.0		1.6-7.8	x10^3/uL
Lymph@cytes	, Abs			2.1		1.0-4.5	x10^3/uL
Monocytes,	Abs			0.5		<1.0	x10^3/uL
Eosinophils	,			0.3		< 0.7	x10^3/uL
Absolute							
Basophils,	Abs.			0.0		< 0.3	x10^3/uL
Platelets				222		150-450	x10^3/uL
RDW-CV				14.1		11.0-16.0	%
MPV				8.4		8.0-13.0	fL

DATE

DATE

The data will be monitored for further evaluation, see patient chart.

Cypily

\*\*COMPLETE REPORT\*\*

denerated By Autolims on 04/18/2008 at 02:44 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2113418 – 10050982

Karron, Marion SML Code: 568146 Room: 237A Brooklyn Navy Yard, Building 292

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romens , M. D.

Director, Anatomic Pathology Sundara R. Sridhar, M.D. Page 1 of 2ccount 1955996-920564

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

		" " " " " " " " " " " " " " " " " " " "	/			
Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R7404653Y	20409401	02/02/2008	02/02/08	02/05/2008	F	
		PATIENT RESULTS				

000

Test

Out of Range

Within Range

Reference Range

Units

Col/mL

BACTERIOLOGY

Sputum Culture-Gram Stain

Culture Result:

Organism: Serratia marcescens: Many ANTIBIOTIC SE

Tetracycline Trimeth/Sulfa Ampicillin Gentamicin Cefazolin

Amoxicillin/K Clav'ate

Ciprofloxacin Tobramycin Ceftazidime Ampicillin/sulbactam Cefuroxime

Levofloxacin Cefoxitin Cefepime Aztreonam

Imipenem
Ceftriaxone
Ticarcillin/Clav Ac

Meropenem (C)

Cephalothin
Amikacin
Cefotetan
Cefotaxime
Ertapenem
Moxifloxacin

Piperacillin/Tazobact

Few Gram positive rods Many Gram negative rods Few Polys Few Gram positive rods Many Gram ne Positive

POSICIVE

SENSITIVITY
Susceptible
Susceptible
Resistant
Susceptible
Resistant
Resistant
Intermediate
Resistant

Intermediate Resistant Resistant Susceptible Resistant Susceptible Resistant Susceptible Intermediate

Intermediate Susceptible Resistant Susceptible Susceptible Intermediate Susceptible

Susceptible Resistant

\*\*Comments\*\*

## "Shiel Medical Laboratory at Silverlake Nursing Home

275 Castleton Avenue, Staten Island, NY 10301

### ARTERIAL BLOOD GAS REPORT

NAME (Last, First)	Karron,	MarioN	Date <u>//</u>	23/08	ID#	15354
TIME DRAWN	5:50	1 1 AW	j∠[PM			

jami Talpoint Alooc Hhalysis byslem Hartent Yest Results 6/NJ 24986

Tested on 8,723789 06:58 Ph

Calibration Successful

Cal Code IIT-BCL-WJ. Cantridge Lot EXHDZ Test Number 2155

Patient 13: 15354

Patient Temperature 36.1°C 97.0°C

BP 775 mmd9

Measured 9 37.0 °C

p- \_ 7.342

p002 - 58.4 mmd9

p02 85.2 mmd9

Corrected to 36.1 °C

p4 7.354

p002 - 56.1 mmd9

p002 80.4 mmd9

p- 7.350-7.450 DCC2 35.0-45.0 mmmg DCC 86.0-188.0 mmmg Calculated Results HCC3- 31.3 mm TCC2 33.1 mm

Ref. Ranges

- Bab

3,8

Pample Info: Type: Antenial - Site: Right Radie.

YE	RESTRICT	or set	1111155		
MODE (circle one)	(A/C/	SIMV	CPAP	T/C	PS
F102 35-45					
R.R. 14					
VT 500					
ASSISTING RATE					

	REFER	ince pange
pH	7.35 - 7.45	
pCO <sub>2</sub>	35 - 45	mmHg
pO2 .	30 - 100	mmHg
HCO <sub>3</sub>	22 - 26	mmHg
tCO2	22 - 29	mmHg
BE-b	-2 to +2	mmHg
BE-ecf	-2 to +2	mmHg
O2 sat.	97.0 - 100	%

COMMENTS: Meportal K. Scano

ron, Marion SSN: 118244899 Room: 130A

Page 2 of 2

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patricia R. Romeno M. D.

DR. SCEUSA CARL

	Specimen#		Lab#		Date	Collected	Date Re	ceived	Date Reported	Sex	Ag
	R81600953	115	501293	301	10/15/200	8 04:30 PM	10/15	/08	10/15/2008	F	78
					PATIENT	RESULTS					
	Test		C	out of	Range	Withir	Range		Reference Range	Unit	S
	Neutrophils%		Н	82.					0-70.0	000	
	Lymphocytes% Monocytes% Eosinophils%		L	11.	1	5.6 1.1		2.0	0-40.0 -10.0 -4.0	00 00 00	
	Basophils%					0.2		0.0	-1.0	90	
	Neutrophils, Abs		L	0.8		5.5			-7.8 -4.5	x10 <sup>3</sup> , x10 <sup>3</sup> ,	
	Monocytes, Abs		~			0.4		<1.	0	x10^3	/uL
	Eosinophils, Absolute					0.1		< 0.	7	x10^3,	/uL
	Barophils, Abs.					0.0		< 0.		x10^3	
	P lelets RDW-CV					233 15.4			-450 0-16.0	x10^3,	/uL
	MPV		L	7.2		13.4			-13.0	fL	
Ι	BACTERIOLOGY										
	Blood Culture- Culture Result	+-				In Process	2022				
	Anaerobic bot		test			In Pro In Pro					
	Aerobic bottle	e te	est			In Pro	cess				
					omments	** ion Comme	nts**				
	Accessioning:Non Fasting These data are acceptable		he patie	/				up nece	ssary at this time.		
	1.D. These data will be monite	arad 4	For fruth	0 11 0 11	Trotion and	nationt about	DATE _				
	1. )	orea 1	or rurth	ereva	didation, see	patient chart	DATE				
				1	1						

\*\*INCOMPLETE REPORT\*\*

Generated By Autolims on 10/15/2008 at 09:00 PM Repr

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2488256-11966489

SSN: 118244899 Room:130A **Miel** 

Page 2

of 2

Ac2498280a101968507

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romens , M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #	Lab #	Date	Collected	Date Reco	eived	Date Reported	Sex		Age
	R81600953	11501293		10/15/2008 04:30 PM		08	10/21/2008		78	
			PATIENT	RESULTS	20/20/	T	20/22/2000			
	Test	· Ou	t of Range		Range		Reference Range	Uni	ts	
	Neutrophils% Lymphocytes% Monocytes% Eosinophils% Basophils% Neutrophils, Abs Lymphocytes, Abs Monocytes, Abs Eosinophils, Absolute Pophils, Abs. Pratelets RDW-CV MPV	L :	82.0 11.1 0.8	5.6 1.1 0.2 5.5 0.4 0.1 0.0 233 15.4		20.0 2.0- 1.0- 0.0- 1.6- 1.0- <1.0 <0.7 <0.3 150- 11.0	1.0	% % % % x10^3 x10^3 x10^3 x10^3 x10^3 fL	/uL /uL /uL /uL	
A M	ACTERIOLOGY Blood Culture- Culture Result Anaerobic bottle Aerobic bottle Accessioning:Non Fasting These data are acceptable These data will be monito	tle test e test for the patient		No gro No gro ** ion Comme: ition. No furth	wth aft wth aft wth aft nts** er follow u	er 5 er 5 er 5	days days			

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 10/21/2008 at 12:11 PM



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ron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 2\ccount24440842-116817

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Col/mL

DR. SCEUSA CARL

Test	Out of Rai	nge Withi	n Range	Reference Range	Units	
	P	ATIENT RESULTS				
R80546033	1180073401	09/17/2008	09/18/08	09/22/2008	F 78	
Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age

	70	$\alpha$ m		_	$\cap$ T	OGY	
н	A	(	H. K		( )   .	( )( - Y	

ACTERIOLOGY	
Wound Culture-GI Tube site	See below
Culture Result:	See below
Organism: Providencia stuartii:	Many
ANTIBIOTIC	SENSITIVITY
Tetracycline	Resistant
Trimeth/Sulfa	Resistant
Ampicillin	Resistant
Cefazolin	Resistant
Amoxicillin/K Clav'ate	Resistant
Liprofloxacin	Resistant
Tobramycin	Resistant
Ceftazidime	Intermediate
Ampicillin/sulbactam	Resistant
Cefuroxime	Resistant
Levofloxacin	Resistant
Cefoxitin	Susceptible -
Cefepime	Resistant
Aztreonam	Susceptible
Imipenem	Intermediate
Ceftriaxone	Intermediate
Ticarcillin/Clav Ac	Intermediate
Meropenem (C)	Susceptible -
Cephalothin	Resistant
Amikacin	Susceptible
Cefotetan	Susceptible
Cefotaxime	Intermediate
Moxifloxacin	Resistant
Piperacillin/Tazobact	Susceptible

\*\*Comments\*\*

\*\*COMPLETE REPORT\*\*

rron, Marion L.N: 118244899

Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romens, M. D.

Page 1 of 2count 12204628-105236

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Da	ite Collected	Date Received	Date Reported	Sex	Age
R78295274	10100141	.01 0	6/01/2008	06/01/08	06/02/2008	F	77
		PATIENT	RESULTS				
Test	Out	t of Range	Within	Range	Reference Range	Units	
Chemistry							
Glucose (grey)	H	166		65	5-99	mq/dL	
FASTINGFasting?No		Criteria for th	ne diagnosis of dia			5,	
(Fasting Gluco							
<100 mg/dL:	Normal fastin	ig glucose					
100-125 mg/dl							
> 125 mg/dL:							
Ref: Diabetes Urea Nitrogen	Care 29:543-5	648, 2006	1.0	0	0.0	/ 2=	
Creatinine	L	0.5	16		23	mg/dL	
eGFR (calculatio		0.5	> 60		6-1.1	mg/dL	
For African-A		tiply ECEP rec	>60	>6	0		
Bu /Creat Ratio	H	31.5	Suit X 1.2		0-30.0		
Sodium	11	31.3	144		32-146	mEq/L	
Potassium			4.6		5-5.5	mEq/L	
Serum Appearance			Clear		ear	шЕЧ/ п	
Chloride			99		1-109	mEq/L	
Carbon Dioxide	H	32			-31	mEq/L	
Calcium	L	8.2			5-10.4	mg/dL	
Hematology						37	
White Blood Coun		12.9		4.	0-11.0	x10^3/	uL
Red Blood Count		3.51		3.	80-5.40	x10^6/	
Hemoglobin		10.0		11	.1-14.7	g/dL	
Hematocrit	L	33.1			.0-45.0	00	
MCV			94		-102	fL	
MCH	_		28.6		.0-31.0	pg	
M   Platelets	L	30.4	0.00		.0-37.0	00	
RDW-CV			272		0-450	x10^3/	uL
MPV			13.1		.0-16.0	00	
Manual Differential			9.6	8.	0-13.0	fL	
Neutrophils%-DIF	H	85		4.0	7.0	00	
Neutrophils abs		11.0	()		-70 6-7.8	x10^3/	T
Lymphocytes%-DIF		8	1/1		-40	% XIU 3/	UL
Lymphs abs-DIF	-	_	1.6 8/		0-4.5	x10^3/	11T.
and the		**COMPI	LETE REPORT	**	0 1.0	1110 0/	CL.

larron, Marion SML Code: 568146

Room: 237A

Specimen #

Test

R75446182

Date Collected

02/26/2008 06:00 AM

Page 2 of 2

Date Received

02/26/08

Ac2c01016151710m19c4196404

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY

10301

Age

DR. KLAHR MARTIN

Date Reported

02/29/2008

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

PATIENT RESULTS
Complete Results Originally Reported on 02/29/2008 02:57
Out of Range Within Range Reference Range Units Gentamicin Cefazolin Amoxicillin/K Clav'ate Ciprofloxacin Tobramycin Ceftazidime Ampicillin/sulbactam Cefuroxime Levofloxacin Cefoxitin Cefepime Aztreonam Imipenem Ceftriaxone Ticarcillin/Clav Ac Cephalothin Cefotaxime Ertapenem Piperacillin/Tazobact Amikacin Cefotetan

Lab#

2600877

Susceptible Susceptible Intermediate Resistant Susceptible Susceptible Resistant Susceptible Resistant Susceptible Susceptible Susceptible Susceptible Susceptible Intermediate

Intermediate

Susceptible Susceptible

Susceptible

Susceptible

Susceptible \*\*Comments\*\*

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

The se data will be monitored for further evaluation, see patient chart. M.D.

DATE

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 02/29/2008 at 03:03 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2006570-9496404

rron, Marion SSN: 118244899 Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M. D.

Page 1 of 2ccount 2020 12:37:708-105620

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date (	Collected	Date Received	Date Reported	Sex Age
R78294367	10400353	02 06/04/200	08 08:59 AM	06/04/08	06/04/2008	F 77
		PATIENT	RESULTS			
Test	Ou	t of Range	Within	Range	Reference Range	Units
Chemistry						
Glucose			96	65-	.99	mg/dL
Criteria for the (Fasting Gluco < 100 mg/dL: 100-125 mg/dl > 125 mg/dL: Ref: Diabetes	ose) Normal fastin L: Impaired fast Indicative of o	g glucose sting glucose diabetes				
Urea Nitrogen			16	9-2	.3	mg/dL
Creatinine	L	0.4		0.6		mg/dL
eCFR (calculatio	n)		>60	>60		5,
) For African-A	mericans, mult	tiply EGFR result	x 1.2			
B. A/Creat Ratio		40.6		5.0	-30.0	
Sodium			143			mEq/L
Potassium			4.5			mEq/L
Serum Appearance			Clear	Cle		1/ -
Chloride			105			mEq/L
Carbon Dioxide			29	20-		mEq/L
Calcium			8.7			mg/dL
Protein, Total	L	5.8	0.7			g/dL
Albumin		3.0				q/dL
Globulin			2.8			g/dL
A/G Ratio			1.1			Ratio
Alkaline	H	148	1.1			IU/L
Phosphatase	H			10	125	10/1
ACT (SGOT)			20	13-	4.0	IU/L
(SGPT)			32	10-		IU/L
Bilirubin, Total	L	0.2	52			mg/dL
Hematology	-	0.2		0.5	1.2	mg/ dl
White Blood Coun	t H	13.4		1 0	-11.0	x10^3/uL
Red Blood Count		3.21				x10 <sup>6</sup> /uL
Hemoglobin		9.7			1-14.7	a/di
Hematocrit		30.5			0-45.0	g/dL %
MCV	4.4	50.5	95			fL
MCH			30.3			
		**COMPLE	TE REPORT		0-31.0	ba

Report Generated By Autolims on 06/04/2008 at 10:27 PM



Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2212778-10562050

Karron, Marion ML Code: 568146

Room: 237A

Brooklyn Navy Yard, Building 292 63 Flashing Avenue, Breoklyn, New York 11295 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice K. Romens, M. D.

Director, Anatomic Pathology Sundara R. Sridhar, M.D.

Page 1 of 2ccount 1955757-921690

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY

DR. KLAHR MARTIN

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R7404645X	105153	02/01/2008	02/01/08	02/05/2008	F	
		PATIENT RESULTS				

Test

Out of Range

Reference Range

Units

Col/mL

Diagnostic Immunology Microbiology

RULE OUT MRSA Lab Comments:

No MRSA recovered

No growth

No growth

BACTERIOLOGY

Sputum Culture-Gram Stain

Culture Result:

Organism: Serratia marcescens: ANTIBIOTIC

Tetracycline Trimeth/Sulfa Ampicillin

Nitrofurantoin Gentamicin Cefazolin

Amoxicillin/K Clav'ate Ciprofloxacin

Tobramycin Ceftazidime Ampicillin/sulbactam

Cefuroxime

Levofloxacin Cefoxitin Cefepime Aztreonam Imipenem Ceftriaxone

Ticarcillin/Clav Ac Meropenem (C)

Cephalothin Amikacin Cefotetan Cefotaxime

Few Polys Many Gram negative rods Few Gram positive rods Few Polys Many Gram negative rods F

See below

Many

SENSITIVITY Susceptible Susceptible Resistant Resistant

Susceptible Resistant Resistant Intermediate Susceptible Resistant

Resistant Resistant Susceptible Susceptible Susceptible Resistant Susceptible Resistant

Intermediate Susceptible Resistant Susceptible

Susceptible Resistant

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 02/05/2008 at 10:59 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 1955757-9216909

ron, Marion SUN: 118244899 Room: 130A

Page 2 of 2

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

MC CARTHY

Patricia R. Romeno M. D.

Specimen # R7631013H	Lab# 1150107501	Date Collected 04/15/2008	Date Received	Date Reported 04/19/2008	Sex Age F 77
Test	Out of Ra	ATIENT RESULT	S hin Range	Reference Range	Units
Cefazolin Amoxicillir Ciprofloxao Tobramycin	n/K Clav'ate cin	Susce <sub>r</sub> Resist	otible otible cant otible		

Ceftazidime Susceptible Ampicillin/sulbactam -Susceptible Cefuroxime Susceptible Levofloxacin Resistant Cefoxitin Susceptible Cefepime Susceptible Aztreonam Susceptible mipenem Susceptible ceftriaxone Susceptible Ticarcillin/Clav Ac Susceptible Cephalothin Susceptible Amikacin Susceptible Cefotetan Susceptible Cefotaxime Susceptible Ertapenem Susceptible Piperacillin/Tazobact Susceptible

\*\*Comments\*\*

\*\*Requisition Comments\*\*

Reported to: Silverlake NH - Stats at 04/17/08 10:02 AM

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

The data will be monitored for further evaluation, see patient chart.

M.I DATE

\*\*COMPLETE REPORT\*\*

nerated By Autolims on 04/19/2008 at 12:35 PM

Repo

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2114665-10018313

ron, Marion SSN: 118244899 Room: 130A Siel medical Taboracory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano , M.D.

Page 1 of 2ccount 20096434-996177

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MC CARTHY

Specimen #	Lab#		Date Co	lected	Date Rec	eived	Date Reported	Sex	Age
R7680806P	1100043	102	04/1	0/2008	04/10/	/08	04/11/2008	F	77
		PATI	ENT	RESULTS					
Test	(	Out of Range		Within	Range	Re	eference Range	Units	
1030	`	out of Runge		***************************************	realize	110	referee Range	Omto	
Chemistry									
Glucose (grey)	H	103				65-99	)	mg/dL	
FASTINGFasting?No		Criteria fe	or the dia	gnosis of dia	betes:				
(Fasting Glucos									
<100 mg/dL: 1									
100-125 mg/dL			se						
>125 mg/dL: 1									
Ref: Diabetes C		-S48, 2006 31						m or / JT	
Urea Nitrogen Creatinine	H	31		0.8		5-25 0.6-1	1	mg/dL mg/dL	
er ? (calculation	2)			>60		>60		mg/an	
For African-An		ultiply EGER	result x			200			
BUN/Creat Ratio		38.8	C TOSUIT A	1.2		5.0-3	30.0		
Sodium				142		133-1		mEq/L	
Potassium				4.0		3.4-5		mEq/L	
Chloride				102		94-11	.3	mEq/L	
Carbon Dioxide	H	32				19-31		mEq/L	
Calcium				9.1		8.1-1		mg/dL	
Protein, Total	L	5.6				5.9-8		g/dL	
Albumin	L	2.3				3.2-4		g/dL	
Globulin	-	0 7		3.3		1.9-4		g/dL	
A/G Ratio Alkaline	L	0.7		104		1.0-2		Ratio	
Phosphatase				104		31-14	: 0	IU/L	
AST (SGOT)				17		10-40	)	IU/L	
A. (SGPT)				27		5-50		IU/L	
Bi_frubin, Total				0.4		0.1-1	. 5	mg/dL	
Endocrinology									
Thyroxine (T4)				8.1		4.5-1	.0.9	ug/dL	
T3-Uptake	H	40.7				22.5-		00	
TSH 3rd Generation	on ·			2.84		0.35-	5.50	uIU/mL	
Hematology									
White Blood Count		2 42		10.8		4.0-1		x10^3/u	
Red Blood Count	L	3.40				3.80-		x10^6/u	1L
Hemoglobin	L	9.9	MOT FIRST			11.1-	14.7	g/dL	

enerated By Autolims on 04/11/2008 at 05:17 AM

Repo

Aut

\*\*COMPLETE REPORT\*\*

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2096494-9961775

Carron, Marion SML Code: 766233 Room: 240A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1 Acco27/13/7/85/1613131655

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen # Lab #				Date Collected	Date Re	ceived	Date Reported	Sex	Age
	R8317155S	1030027 Comple		3/2009 08:45 Al List Origina			02/03/2009 on 02/03/2009		PM
	Test	(	Out of Range	Wit	thin Range		Reference Range	Units	
		**** This	Report	Contains C	ritical	Values	***		
(	Chemistry								
	Glucose (grey) Fasting?	No	198	*		65-9	9	mg/dL	
	(Fasting G <100 mg, 100-125 m >125 mg,	or the diagnosis of Glucose) /dL: Normal fast ng/dL: Impaired /dL: Indicative of etes Care 29:S43	ing glucose fasting gluco of diabetes	se					
	Urea Nitrogen	VH				9-23		mg/dL	
	Confirmed	1				0 6		/ 37	
	eatinine	C TT	131.3	1.0		0.6-	30.0	mg/dL	
	Sodium	O H	150			132-		mEq/L	
				variety of preanaly		Diagnos-		2,	
		of clinical observ	rations, other	tests and patient h	istory			- /-	
	Potassium	***	110	4.6		3.5- 99-1		mEq/L	
	Chloride Carbon Dioxide	H H	112 32			20-3		mEq/L	
	Calcium	11	52	9.0			10.4	mg/dL	
	Calclan		**Requi	sition Com	ments**	0.5	10.1	57 4.2	
M	Accessioning:Non Fasti These data are acceptal	ble for the patie	ent's clinical	condition. No fo	urther follow DATE	up neces	sary at this time.		
	These data will be mor	nitored for furth	ner evaluatio	on, see patient ch	art. DATE				

COMPLETE REPORT\*\*

rron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romens, M. D.

Page 1 of 2ccount 2488256-119664

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#		Date (	Collected	Date Rece	ived	Date Reported	Sex	Age
R81600953	1150129	301	10/15/200	08 04:30 PM	10/15	/08	10/15/2008	F	78
			PATIENT	RESULTS					
Test		Out of Ra		Within	Range	_	Reference Range	Units	
/									
Chemistry									
Glucose	H	149				65-	99	mg/dL	
Criteria for th		of diabete	es:					3,	
(Fasting Gluce									
<100 mg/dL:									
100-125 mg/d									
> 125 mg/dL:									
Ref: Diabetes Urea Nitrogen	Care 29:543	-548, 20 50	006			0 0		/-77	
Creatinine	п	50		0.6		9-2	3 -1.1	mg/dL	
eCTR (calculation	nn)			>60		>60	_ T • T	mg/dL	
For African-A		ultiply F	GFR result	v 1 2		>00			
BUN/Creat Ratio	H	83.0		X 1.2		5 0	-30.0		
Sodium				144			-146	mEq/L	
Potassium				5.3			-5.5	mEq/L	
Chloride				99		99-		mEq/L	
Carbon Dioxide	H	35				20-3	31	mEq/L	
Calcium				9.9			-10.4	mg/dL	
Protein, Total				6.3			-8.3	g/dL	
Albumin Globulin				3.2			-4.8	g/dL	
A/G Ratio				3.2			-4.0	g/dL	
Alkaline	Н	191		1.0			-2.5	Ratio	
Phosphatase	H	191				45-1	129	IU/L	
AST (SGOT)	11			38		13-4	1.0	IU/L	
ALT (SGPT)	H	54		50		10-4		IU/L	
I jirubin, Total	L	0.1					-1.2	mg/dL	
Hematology							1 2	mg/ an	
White Blood Coun	it			6.7		4.0-	-11.0	x10^3/u	1L
Red Blood Count	L	2.87	'				0-5.40	x10^6/1	
Hemoglobin	L	9.0				11.1	L-14.7	g/dL	
Hematocrit	L	26.6					0-45.0	%	
MCV MCH	**	21 2		93		78-1		fL	
MCHC	H	31.3		22 0			)-31.0	pg	
110110		* *	INCOMP	33.9 LETE REPO	PT**	31.0	0-37.0	010	
			-LICOLIL I	LLI KEFO	1.1				

Repr Generated By Autolims on 10/15/2008 at 09:00 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2488256-11966489



Karron, Marion N: 118244899 om: 130



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Page 1 of 2 Count Information - 983269

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age	
R7631237V	1310075703	03/31/2008	03/31/08	04/06/2008	F 77	
		DATIENT DECLITS				

Test

Out of Range

Within Range

Reference Range

Units

Chemistry

Glucose (grey)  $\mathbf{H}$ 127 FASTINGFasting?Not Provided

65-99

(Fasting Glucose)

< 100 mg/dL: Normal fasting glucose 100-125 mg/dL: Impaired fasting glucose >125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen Creatinine

eGFR (calculation)

For African-Americans, multiply EGFR result x 1.2 Creat Ratio SL um

Potassium Chloride H

Carbon Dioxide 34 Calcium Hematology

White Blood Count H Red Blood Count L L Hemoglobin

Hematocrit Platelets

BACTERIOLOGY

Blood Culture-Culture Result:

> Anaerobic bottle test Aerobic bottle test

17.0

3.56

10.4

33.9

Criteria for the diagnosis of diabetes:

mg/dL

mg/dL

mg/dL

mEq/L

mEq/L

mEq/L

mEq/L

mg/dL

x10^3/uL

x10^6/uL

24 0.9

>60

26.7

144

4.4 103

9.2

338

133-146 3.4 - 5.4

5-25

>60

0.6 - 1.1

94-113 19-31

5.0-30.0

8.1 - 10.34.0-11.0

3.80-5.40 11.1-14.7 34.0-45.0 150-450

g/dL x10^3/uL

No growth after 5 days

No growth after 5 days No growth after 5 days

No growth after 5 days

\*\*Comments\*\*

B. 3d Culture-

Culture Result: Anaerobic bottle test No growth after 5 days

No growth after 5 days

No growth after 5 days

\*\*COMPLETE REPORT\*\*

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2084774-9832697

Report Generated By Autolims on 04/06/2008 at 11:45 AM

Rarron, Marion SSN: 118244899 Room:130A Siel medical laboratory

Page 1 of 2Account2498280-119685

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romano M.D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

R81600953	Specimen #	Lab#	Date Collect	ed	Date Rec	ceived	Date Reported	Sex	Age
Test	R81600953	1150129301	10/15/2008 04:	30 PM	10/15	/08	10/21/2008	F	78
Chemistry Glucose  Criteria for the diagnosis of Hiddetes:			PATIENT RI	ESULTS					
Glucose  Criteria for the diagnosis of diabetes: (Fasting Glucose) <pre></pre>	Test	Out of F	Range	Within	Range		Reference Range	Units	
Glucose  Criteria for the diagnosis of diabetes: (Fasting Glucose) <pre></pre>	Chamistry								
Criteria for the diagnosis of thatees: ((Fasting Glucose)		H 140	\			CE C	0.0	ma / at	
(Fasting Glucose)			es.			65-5		ilig/all	
Carbon Dioxide			03.						
100-125 mg/dL: Impaired fasting glucose			ose						
Neg									
Urea Nitrogen H 50  Cratinine 0.6 0.6-1.1 mg/dL  EC (calculation) >60 >60  For African-Americans, multiply EGFR result x 1.2  BUN/Creat Ratio H 83.0 5.0-30.0  Sodium 144 132-146 mEq/L  Potassium 5.3 3.5-5.5 mEq/L  Chloride 99 99-109 mEg/L  Carbon Dioxide H 35 20-31 mEg/L  Calcium 9.9 8.5-10.4 mg/dL  Protein, Total 6.3 6.0-8.3 g/dL  Albumin 3.2 3.2-4.8 g/dL  Albumin 3.2 3.2-4.8 g/dL  A/G Ratio 1.0 1.0-2.5 Ratio  Alkaline H 191 45-129 IU/L  Prosphatase H  A ) (SGOT) 38 13-40 IU/L  Bilirubin, Total L 0.1 0.3-1.2 mg/dL  Hematology  White Blood Count Red Blood Count  L 2.87 9 1 1 1 1 1 2 7 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Creatinine eck (calculation) For African-Americans, multiply EGFR result x 1.2  BUN/Creat Ratio H 83.0 Sodium Potassium Chloride Carbon Dioxide H 35 Calcium Protein, Total Albumin Albumin Albumin Alcoride Blood Count Red B		Care 29:S43-S48, 20	006						
## Second Color		H 50 -						mg/dL	
For African-Americans, multiply EGFR result x 1.2  BUN/Creat Ratio H 83.0 5.0-30.0  Sodium 144 132-146 mEq/L  Potassium 5.3 3.5-5.5 mEq/L  Chloride 99 99-109 mEq/L  Carbon Dioxide H 35 20-31 meg/L  Calcium 9.9 8.5-10.4 mg/dL  Protein, Total 6.3 6.0-8.3 g/dL  Albumin 3.2 3.2-4.8 g/dL  Globulin 3.2 3.2-4.8 g/dL  Globulin 3.2 1.9-4.0 g/dL  A/G Ratio 1.0 1.0-2.5 Ratio  Alkaline H 191 45-129 IU/L  Phosphatase H  A ) (SGOT) 38 13-40 IU/L  Bilirubin, Total L 0.1 0.3-1.2 mg/dL  Hematology  White Blood Count Red Blood Count Red Blood Count Hemoglobin L 9.0 78-102  Hematocrit L 2.87 10 W 3.80-5.40 x10^6/uL  Hematocrit L 2.87 7 10 W 3.80-5.40 x10^6/uL  Hematocrit L 2.87 7 78-102 fL  MCV 93 78-102 fL  MCH H 31.3						0.6-	1.1	mg/dL	
BUN/Creat Ratio	,					>60			
Sodium	For African-A	Americans, multiply E	EGFR result x 1.2						
Potassium Chloride Carbon Dioxide H 35  Calcium Protein, Total Albumin Globulin A/G Ratio Alkaline H 191 A (SGOT) ALT (SGPT) Bilirubin, Total Hematology White Blood Count Red Blood Red Red R		Н 83.0						,	
Chloride Carbon Dioxide									
Carbon Dioxide									
Calcium Protein, Total Albumin Globulin A/G Ratio Alkaline H 191 A/G SGOT) ALT (SGPT) Bilirubin, Total Hematology White Blood Count Red Blood Count Hematocrit Hematocrit Hematocrit HCM MCH MCH MCH MCH MCH  MIND MIND MIND MIND MIND MIND MIND MIN		н 35-							
Protein, Total Albumin 3.2 Globulin A/G Ratio Alkaline H 191 A) (SGOT) ALT (SGPT) Bilirubin, Total Hematology White Blood Count Red Blood Count Hematocrit Hematocrit Hematocrit Hematocrit MCV MCH MCH MCH  Albumin  3.2 3.2-4.8 g/dL 3.2-4.8 g/dL 1.0-4.0 1.0-2.5 Ratio 1.0-2.5 Ratio 1.0-49 IU/L 0.3-1.2 mg/dL 4.0-11.0 x10^3/uL x10^6/uL y1.1-14.7 g/dL 34.0-45.0 % TRed Blood Count L 2.87 MCH 31.3  33.9 31.0-37.0 %		11 55		9					
Albumin  Globulin  A/G Ratio  A/G Ratio  Alkaline  H  Phosphatase  A )(SGOT)  ALT (SGPT)  Bilirubin, Total  Hematology  White Blood Count Red Blood Count Hematocrit  Hematocrit  MCV  MCH  MCH  MCH  MCH  Globulin  3.2  3.2-4.8  3.2-4.8  g/dL  3.2-4.8  3.2-4.0  3.2-4.8  3.2-4.0  3.40  3.80-5.40  3.80-5.40  x10^3/uL  x10^									
Globulin A/G Ratio Alkaline H 191 A) (SGOT) ALT' (SGPT) Bilirubin, Total Hematology White Blood Count Red Blood Count Hemoglobin Hematocrit Hematocrit MCV MCH MCH MCH MCH  A/G Ratio 1.0 1.0-2.5 Ratio 1.0-2.5 Ratio 1.0-2.5 Ratio 1.0-49 IU/L 10-49 IU/L 0.3-1.2 Mg/dL 4.0-11.0 X10^3/uL X10^6/uL X10^6/uL X10^6/uL X10^6/uL X10^6/uL Y10									
A/G Ratio Alkaline Alkaline A) (SGOT) ALT' (SGPT) Bilirubin, Total Hematology White Blood Count Red Blood Count Hemoglobin Hematocrit Hematocrit MCV MCH MCH MCH MCH MCH  A) (SGOT) ALT' (SGPT) H 54 A) (38 Blood Count L 2.87 MCH	Globulin								
Alkaline  Phosphatase  A )(SGOT)  ALT'(SGPT)  Bilirubin, Total  H 54  Hematology  White Blood Count Red Blood Count Hemoglobin Hematocrit MCV  MCH  MCH  MCH  MCH  MCH  MCH  A )(SGOT)  AB 13-40  1U/L  10-49  1U/L  10-49  1U/L  10-49  1U/L  10-49  1U/L  10-49  1U/L  10-49  1U/L  11-14.7  3.80-5.40  11.1-14.7  3.80-5.40  11.1-14.7  3/dL  34.0-45.0  %  MCH  MCH  A 31.3  A 3.9  33.9  31.0-37.0  %	A/G Ratio								
Phosphatase A )(SGOT) ALT (SGPT) Bilirubin, Total L 0.1  Hematology White Blood Count Red Blood Count Hemoglobin Hematocrit MCV MCH MCH MCH  A )(SGOT) H 54 D 10-49 D 1U/L D 10-49 D		H 191							
ALT (SGPT)		H							
## Bilirubin, Total L 0.1  Hematology  White Blood Count Red Blood Count Hemoglobin L 2.87  Hematocrit L 26.6  MCV  MCH  MCH  MCH  MCH  MCH  MCH  MCH			_ 38			13-4	0	IU/L	
Hematology         White Blood Count         Red Blood Count       L       2.87       9.0       4.0-11.0       x10^3/uL         Hemoglobin       L       2.87       9.0       11.1-14.7       g/dL         Hematocrit       L       26.6       78-102       fL         MCV       93       78-102       fL         MCH       31.3       33.9       31.0-37.0       %			*					IU/L	
White Blood Count Red Blood Count Hemoglobin Hematocrit MCV MCH		L 0.1				0.3-	1.2	mg/dL	
Red Blood Count Hemoglobin Hematocrit MCV MCH		- h		_	1 .				
Hemoglobin Hematocrit L 26.6 MCV MCH					alpi ansv				
Hematocrit L 26.6 34.0-45.0 % MCV 93 78-102 fL MCH H 31.3 27.0-31.0 pg MCHC 33.9 31.0-37.0 %		1 0 0	1/240	V	Acolore				1L
MCV MCH MCH MCH MCH 31.3 93 78-102 27.0-31.0 pg MCHC 33.9 31.0-37.0			(U.1					g/aL	
MCH H 31.3 27.0-31.0 pg MCHC 33.9 31.0-37.0 %		11 20.0							
MCHC 33.9 31.0-37.0 %		H 37 3							
		-01.00		. 9				29	
	)	* *			k *	31.0	37.0	U	

Report Generated By Autolims on 10/21/2008 at 12:11 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2498280-11968507

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**Patient Information** 

. \ron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 2Account 244473301-117444

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#		Date Collected	Date Recei	ved Date Reporte	ed Sex	Age
R8117583J	1240013	3301 09/2	4/2008 08:55 AM	09/24/			78
		PATI					
Test		Out of Range		Range	Reference Ran	ge Uni	its
)							
Chemistry							
Glucose (grey)	H	119			65-99	mg/dI	
FASTINGFasting?No		Criteria for	r the diagnosis of diab	etes:			
(Fasting Gluco							
<100 mg/dL:							
100-125 mg/d			e				
>125 mg/dL:							
Ref: Diabetes		,					
Urea Nitrogen	$\mathbf{H}$	24			9-23	mg/dI	
Creatinine	L	0.5			0.6-1.1	mg/dI	_
ecrR (calculation			>60		>60		
) For African-A	mericans, m		result x 1.2				
BUN/Creat Ratio	H	48.8			5.0-30.0		
Sodium			139		132-146	mEq/I	
Potassium			4.2		3.5-5.5	mEq/I	
Chloride	L	97			99-109	mEq/I	
Carbon Dioxide	H	35			20-31	mEq/I	
Calcium			9.9		8.5-10.4	mg/dI	_
Protein, Total	$\mathbf{L}$	5.9			6.0-8.3	g/dL	
Albumin	$\mathbf{L}$	3.0			3.2-4.8	g/dL	
Globulin			2.9		1.9-4.0	g/dL	
A/G Ratio			1.1		1.0-2.5	Ratio	
Alkaline	H	186			45-129	IU/L	
Phosphatase	H						
A (SGOT)			35		13-40	IU/L	
A. (SGPT)			38		10-49	IU/L	
Bilirubin, Total	L	0.1			0.3-1.2	mg/dI	_
Hematology							
White Blood Coun			9.4		4.0-11.0	x10^3	
Red Blood Count	L	3.46			3.80-5.40	x10^6	J/uL
Hemoglobin	$\mathbf{L}$	10.1			11.1-14.7	g/dL	
Hematocrit	L	32.6			34.0-45.0	0/0	
Platelets			284		150-450	x10^3	l/uL

Generated By Autolims on 09/24/2008 at 01:51 PM

Rep



\*\*Requisition Parameters\*\*
\*\*COMPLETE REPORT\*\*

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2447301-11744490

# SILVER LAKE SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD   Kamm Maum	240 43
DATE OF REQUEST:  ATTENDING PHYSICIAN (REQUESTING CONSULT)  TYPE OF CONSULTATION:  DIAGNOSIS:  AUAGUAL  MCCAUTHY  AUAGUAL  ROPATSIO  MOINTITIAN  MATTENDING PHYSICIAN (REQUESTING CONSULT)  MCCAUTHY  MCCAUTHY  MATTENDING PHYSICIAN (REQUESTING CONSULT)  MCCAUTHY  MATTENDING PHYSICIAN (REQUESTING CONSULT)	
REASON FOR CONSULTATION: Sacral Ulcu	
ATTENDING PHYSICIAN'S SIGNATURE:  REPORT OF CONSULTATION (Opinion & Recommendation)	
PLARGE deep Stew deulele	
Ether Shop etand debou Sku, subsculm, might & 8mms bore.	
FZD of lap sacul ails	
Muny 1. Son Q12 + 10dess 1+25 DARU + 10dess Par Pr	
SIGNATURE OF CONSULTANT: DATE: 26	19
COUNTERSIGNED M.D.	

SILVERLAKE-KARRON-000086

ron, Marion SSN: 118244899



Page 1 of 2Account211453202-102108

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patrice R. Romano, M. D.

DR. SCEUSA CARL

Specimen #	Lab#		Date Collected	Date Rec	ceived	Date Reported	Sex Age
R7738360L	10400089	901 0	5/04/2008	05/04/	/08	05/04/2008	F 77
		PATIE	NT RESULTS				
Test	C	out of Range	Within	n Range		Reference Range	Units
Chemistry	**	1.57			65	0.0	
Glucose (grey) FAST NGFasting?No (Fasting Gluco		157 Criteria for t	he diagnosis of dial	betes:	65-	99	mg/dL
<100 mg/dL: 100-125 mg/dI >125 mg/dL:	Normal fastin L: Impaired fa	asting glucose				•	
Ref: Diabetes							
Urea Nitrogen	H	38			5-2	5	mg/dL
Creatinine			1.1		0.6	-1.1	mg/dL
eG (calculatio		51			>60		
) For African-A	mericans, mu		esult x 1.2				
BU / Creat Ratio	H	34.5				-30.0	
Sodium			139			-146	mEq/L
Potassium			4.2			-5.4	mEq/L
Chloride C: on Dioxide	н	34	100		94- 19-		mEq/L mEq/L
Ca_cium	п	34	8.8			-10.3	mg/dL
Hematology			0.0		0.1	10.5	mg/ db
White Blood Coun	t H	14.8			4.0	-11.0	x10^3/uL
Red Blood Count	L	3.13				0-5.40	x10^6/uL
Hemoglobin	L	9.5				1-14.7	g/dL
Hematocrit	L	30.4				0-45.0	000
MCV			97		78-	102	fL
MCH			30.2			0-31.0	pg
Mr )			31.1			0-37.0	00
Plucelets			221			-450	x10^3/uL
RDW-CV			13.4			0-16.0	%
Ma al Differential			8.8		8.0	-13.0	fL
Ne rophils%-DIF	Н	89			40-	7.0	00
Neutrophils abs	H	13.1				-7.8	x10^3/uL
L' )hocytes%-DIF		4			20-		%
Lymphs abs-DIF	L	0.6				-4.5	x10^3/uL
Monocytes%-DIF			4		2-1		%
_		**COMP	LETE REPORT	**			

Report Generated By Autolims on 05/04/2008 at 10:16 PM



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Renow. Generated By Autolims on 09/29/2008 at 02:01 PM

ron, Marion
22N: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1ccount 245656541-117891

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim

2456541-11789169

Specimen #		_	Collected	Date Recei	veu	Date Reported	Sex	Ag
R8117496D	129006780	1 09/29/20	08 09:20 AM	09/29/	08	09/29/2008	F	78
		PATIENT	RESULTS					
Test	Out o	f Range	Within	Range	R	eference Range	Units	
	se) Normal fasting	glucose	diagnosis of diab	etes:	65-9	9	mg/dL	
> 125 mg/dL:	: Impaired fasti Indicative of dia	betes						
Urea Nitrogen	Care 29:S43-S48 H 2	8			9-23		mg/dL	
Creatinine		• 5			0.6-		mg/dL	
eGFR (calculation			>60		>60		mg/ di	
For African-Ar	nericans, multip		t x 1.2					
Bar/Creat Ratio								
	- 0	-	4.3					
	Н 3	4	0 4					
	T (3	1	6.0					
	ь (3	• 1	2 0					
	77 1	0.0	1.1					
		90			45-1	29	IU/L	
	H		2.0				/-	
							*	
		_	34					
Bilirubin, Total	L 0	. 1			0.3-	1.2	mg/dL	
	*	*Dografait	den Demem	a b a sa a sh sh				
Fasting? -	•	Requisit	TOII Param	erers				
		$\wedge \wedge$						
These data are acceptable f M.D.	for the patient'	s clinical con	dition. No furth		p neces	sary at this time.		
	ed for further	evaluation, se	ee patient chart.	DAIL _				
M.			-	DATE				
		**COMPLE	ETE REPORT					
F	Sodium Potassium Chloride Carbon Dioxide Calcium Protein, Total A umin G bulin A/G Ratio Alkaline Phosphatase AST (SGOT) ALT (SGPT) Bilirubin, Total Fasting? No These data are acceptable for the second of the sec	Sodium Potassium Chloride L 9 Carbon Dioxide H 3 Calcium Protein, Total A umin L 3 G bulin A/G Ratio Alkaline H 1 Phosphatase H AST (SGOT) ALT (SGPT) Bilirubin, Total L 0 Fasting? No These data are acceptable for the patient's	Sodium Potassium Chloride L 95 Carbon Dioxide H 34 Calcium Protein, Total A umin L 3.1 G bulin A/G Ratio Alkaline H 190 Phosphatase H AST (SGOT) ALT (SGPT) Bilirubin, Total L 0.1  **Requisit* Fasting? - No These data are acceptable for the patient's clinical condition. These data will be monitored for further evaluation, set	Sodium Potassium Chloride Carbon Dioxide Calcium Protein, Total Protein, Total A umin G. bulin A/G Ratio Alkaline Phosphatase AST (SGOT) ALT (SGPT) Bilirubin, Total  **Requisition Param Fasting? No These data are acceptable for the patient's clinical condition. No furth I.D. These data will be monitored for further evaluation, see patient chart.	Sodium 138 Potassium 4.3 Chloride L 95 Carbon Dioxide H 34 Calcium 9.4 Protein, Total 6.0 A umin L 3.1 G. bulin 2.9 A/G Ratio 1.1 Alkaline H 190 Phosphatase H AST (SGOT) 32 ALT (SGPT) 34 Bilirubin, Total L 0.1  **Requisition Parameters** Fasting? - No These data are acceptable for the patient's clinical condition. No further follow und the condition of the patient	Band/Creat Ratio	Sodium	Sodium

Karron, Marion J: 118244899 Room: 130 hie

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2 Ccount 2084325-989658

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

Specimen #	Lab#	Date (	Collected	Date Recei	ved	Date Reported	Sex	Age
R7680717N	1050016201	04/05/200	8 11:55 AM	04/05/	80	04/05/2008	F	77
		PATIENT	RESULTS					
Test	Out of I	Range	Within	Range		Reference Range	Units	
)								

	Test		Out of Range	Within Range	Reference Range	Units
	)					
Che	emistry					
	ucose (grey)			93	65-99	mg/dL
FAS	TINGFasting?No		Criteria for the	diagnosis of diabetes:	03 33	mg/ an
1110	(Fasting Glucose)		Criteria for the	diagnosis of diagonos.		
	<100 mg/dL: Nor	mal fas	ting glucose			
	100-125 mg/dL: Im					
	>125 mg/dL: Indi					
	Ref: Diabetes Care					
Ur	ea Nitrogen	H	31		5-25	mg/dL
	reatinine			0.9	0.6-1.1	mg/dL
eG	FR (calculation)			>60	>60	
	For African-American	cans, n	ultiply EGFR resu	lt x 1.2		
B	Creat Ratio	H	34.4		5.0-30.0	
	ocium			145	133-146	mEq/L
	tassium			4.6	3.4-5.4	mEq/L
	loride			100	94-113	mEq/L
	rbon Dioxide			31	19-31	mEq/L
	lcium			9.5	8.1-10.3	mg/dL
	natology				4 0 11 0	1000/
	ite Blood Count	H	15.5		4.0-11.0	x10^3/uL
	d Blood Count	L	3.41	·	3.80-5.40	x10^6/uL
	moglobin matocrit	L L	33.5		11.1-14.7 34.0-45.0	g/dL %
MC		ш	33.3	98	78-102	fL
MC				29.6	27.0-31.0	
	HC	L	30.1	23.0	31.0-37.0	pg %
	utrophils%	H	80.3		40.0-70.0	00
	mphocytes%	L	13.6		20.0-40.0	00 00
	nocytes%			5.1	2.0-10.0	%
	sinophils%	L	0.8		1.0-4.0	%
	gophils%			0.2	0.0-1.0	%
N	rophils, Abs	H	12.5		1.6-7.8	x10^3/uL
	nuphocytes, Abs			2.1	1.0-4.5	x10^3/uL
	nocytes, Abs			0.8	<1.0	x10^3/uL
Eo	sinophils,			0.1	< 0.7	x10^3/uL
	)		**COMPL	ETE REPORT**		

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Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2084325-9896587

rron, Marion SSN: 118244899 Room: 130A Siel medical Taboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M. D.

Page 1 of 1ccount 12/11/910/17/6/6-104470

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Receiv	ed Date Reporte	d Sex	Age
R7738333P	1230081701	05/22/2008	05/23/0	08 05/25/2	008 F	77
	P	ATIENT RESULTS				
Test	Out of Ra	nge Withir	Range	Reference Rang	ge Units	
rinalysis						
Color, Urine		Yellow		Yellow-Straw		
Appearance, Ur	ine	Clear		Clear		
pH, Urine		6.0		5.0-8.0		
Specific Gravi		1.021		1.005-1.030	R.I.	
Bilirubin, Uri	ne	NEGATI		NEGATIVE		
Blood, Urine Leuk. Esterase	TT	NEGATI		NEGATIVE		
Nitrites, Urin		NEGATI' NEGATI'		NEGATIVE NEGATIVE		
Glucose, Urine		NEGATI		NEGATIVE	mg/dL	
tones, Urine		NEGATI		NEGATIVE	mg/dL	
btein, Urine		NEGATI		NEGATIVE	mg/dL	
Urobilinogen,	U	0.2		0.0-1.0	mg/dL	
rine Microscopic						
RBC, Urine		0-5		0-5	/HPF	
WBC, Urine Bacteria, Urin	0	None se		None seen	/HPF	
Epithelial Cel		None se		None seen	/HPF	
Crystals .	10	None se		None seen	/HPF /HPF	
Casts, Hyaline		None se		None seen	/HPF	
Yeast		None se		None seen	/HPF	
ACTERIOLOGY						
Urine Culture-		< 10,000				
Colony Count		< 10,0				
Culture Resu		< 10,0	000	2-1		
	**Co	mments**	1	STELL		
. D .		nical condition. No furt	her follow up		ne.	
hese data will be moni	itored for further evaluation	uation, see patient chart				

\*\*COMPLETE REPORT\*\*

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Karron, Marion SML Code: 568146

Room:237A



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> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of Account 12/00/01285-945737

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date (	'ollected	Date Rece	ived	Date Reported	Sex	Ag
R75446182	2600877	02/26/200	08 06:00 AM	02/26	/08	02/27/2008	F	
		PATIENT	RESULTS					
Test	Out	of Range	Within I	lange		Reference Range	Units	
)								
Jrinalysis								
Color, Urine			Yellow		Ye	llow-Straw		
Appearance, Urin	е		Clear			ear		
pH, Urine			6.0			0-8.0	D T	
Specific Gravity Bilirubin, Urine			1.015 NEGATIV	7		005-1.030 GATIVE	R.I.	
Blood, Urine			NEGATIV			GATIVE		
Leuk. Esterase,	U		NEGATIV:			GATIVE		
Nitrites, Urine	H	POSITIVE				GATIVE		
Glucose, Urine			NEGATIV			GATIVE	mg/dL	
Ketones, Urine Protein, Urine			NEGATIV:			GATIVE GATIVE	mg/dL mg/dL	
Urobilinogen, U			0.2	_		0-1.0	mg/dL	
Jrine Microscopic						0 1.0	mg/ all	
RBC, Urine			None se			ne seen	/HPF	
WBC, Urine Bacteria, Urine	7.7	Madamata	None se	en		ne seen	/HPF	
Epithelial Cells		Moderate Few				ne seen ne seen	/HPF /HPF	
Crystals		Moderate				ne seen	/HPF	
•		Calcium					/	
		Oxalate						
Casts, Hyaline	H	Crystals	None se	an	No	ne seen	/HPF	
Yeast			None se			ne seen	/HPF	
							,	
ACTERIOLOGY			I. D					
Urine Culture- Colony Count			In Process In Pro	2000				
Culture Result	:		In Prod					
		**Comments						
There date are selected to	C	1 1 . 1	Y	C 11				
These data are acceptable for . D.	or the patien	t's clinical cond	ittion. No furth	er follow DATE	up nec	essary at this time.		
These data will be monitor	ed for furthe	r evaluation, see	e patient chart	DWIE -				
M.D				DATE	11			
		** INCOMP	LETE REPO	T**				
eport Generated By Autolims on O	2/27/2008 at 0	06:47 AM		Autolims C	linical L	aboratory Information Syste	m Ver 2 42 0	O by N

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jarron, Marion SML Code: 568146

Room:237A

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Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Page 1 of 2Account2006570-949640

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

	pecimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R75	446182 26	500877 02/	/26/2008 06:00 AM	02/26/08	02/29/2008	F	

Test PATIENT RESULTS
Complete Results Originally Reported on 02/29/2008 02:57 PM
Within Range Reference Range Units

Urinalysis Color, Urine Yellow Yellow-Straw Clear Appearance, Urine Clear pH, Urine 6.0 5.0-8.0 Specific Gravity 1.015 1.005-1.030 R.I. Bilirubin, Urine NEGATIVE NEGATIVE Blood, Urine NEGATIVE NEGATIVE Leuk. Esterase, U NEGATIVE NEGATIVE Nitrites, Urine POSITIVE NEGATIVE H Glucose, Urine NEGATIVE NEGATIVE mg/dL tones, Urine mg/dL NEGATIVE NEGATIVE rotein, Urine NEGATIVE NEGATIVE mg/dL Urobilinogen, U 0.2 0.0 - 1.0mg/dL Urine Microscopic RBC, Urine WBC, Urine /HPF None seen None seen /HPF None seen None seen Bacteria, Urine H Moderate None seen /HPF /HPF Epithelial Cells H Few None seen H Moderate None seen /HPF Crystals H Calcium H Oxalate H Crystals /HPF Casts, Hyaline None seen None seen Veast /HPF None seen None seen BA CTERIOLOGY Urine Culture->100,000Colony Count >100,000 Culture Result: See below Organism: Escherichia coli ANTIBIOTIC SENSITIVITY Tetracycline Susceptible Trimeth/Sulfa Susceptible Ampicillin Resistant Nitrofurantoin Susceptible \*\*COMPLETE REPORT\*\*

ron, Marion SaN: 118244899 Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2<sub>Account</sub> 2419,4545,-119810

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R81600961	1160088801	10/15/2008	10/16/08	10/19/2008	F	78
	P	ATIENT RESUL	TS			
Test	Out of Ra	nge Wi	thin Range	Reference Range	Unit	S

Urinalysis			
Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.5	5.0-8.0	
Specific Gravity Bilirubin, Urine Blood, Urine Leuk. Esterase, U Nitrites, Urine Glucose, Urine Kones, Urine P: Jein, Urine Urepilinogen, U	1.020 NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE	1.005-1.030 NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE 0.0-1.0	mg/dL mg/dL mg/dL
Urine Microscopic	0.2	0.0-1.0	mg/dL
RBC, Urine WBC, Urine Bacteria, Urine Epithelial Cells Crystals Casts, Hyaline Yeast	<5 <5 None seen None seen None seen None seen None seen	<5 <5 None seen None seen None seen None seen None seen	/HPF /HPF /HPF /HPF /HPF /HPF
BACTERIOLOGY			

	110110 00011	LVOIIC	DCC1.
BACTERIOLOGY			
Urine Culture-	40,000		
Colony Count	40,000		
Culture Result:	See below		
ganism: Enterococcus			
ANTIBIOTIC	SENSITIVITY		
Tetracycline	Susceptible		
Penicillin	Susceptible		
Ampicillin	Susceptible		
Rifampin/Rifampicin	Susceptible		
Nitrofurantoin	Susceptible		
Norfloxacin	Susceptible		
Ciprofloxacin	Susceptible		
	**COMPLETE REPORT**		

Political

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2494545-11981029

### Staten Island University Hospital

# **PEG Procedure Report**

Patient:

Ms. Marion Karron

Attending Physician:

Jeffrey Kalman M.D.

Patient ID: Exam Date: 001687409 09/11/2008 Referring Physician:

720-5928

#### INTRODUCTION:

78 year old female patient presents for an elective outpatient EGD. The indication for the procedure was peg placement.

#### CLINICAL HISTORY & PHYSICAL EXAMINATION:

The patient's clinical history and physical examination were performed and are documented in the patient's record.

#### CONSENT:

The benefits, risks, and alternatives to the procedure were discussed and informed consent was obtained from the patient.

#### PREPARATION:

EKG, pulse, pulse oximetry and blood pressure monitored.

#### PROCEDURE:

The endoscope was passed with ease under direct visualization to the esophagus.

#### FINDINGS:

HYPOPHARYNX: The hypopharynx appeared normal.

ESOPHAGUS: The esophagus appeared normal. GE-JUNCTION: At 40 cm from the gums,

STOMACH: There was evidence of nonerosive gastritis of the stomach.

PYLORUS: The pylorus appeared normal.

DUODENUM: The duodenum appeared normal.

THERAPY: Percutaneous endoscopic gastrostomy: In a darkened room, the abdominal wall was transilluminated and the puncture site was chosen. Indentation of the gastric wall by external finger pressure was demonstrated. The skin was surgically prepared and anesthetized with xylocaine. A small incision was made with a surgical blade and a 25 gauge needle with cannula was inserted through the abdominal wall. A guide wire was passed through the cannula, was caught by the snare passed through the endoscope and brought out through the mouth. A Corflo 20 Fr PEG tube was secured to the guide wire and pulled through the abdominal wall. The gastrostomy tube was secured with the outer flange positioned at 3 cm. There were no complications, and the patient tolerated the procedure well.

#### IMPRESSION:

1. Nonerosive gastritis of the stomach. [535.40].

### RECOMMENDATION:

- Do not use the gastrostromy tube for 24 hours.
- Do not clamp the feeding tube, cap it.
- NPO for 24 hours.
- Continue current IV fluids.
- G-tube to gravity drainage.
- Change G-tube dressing daily.
- After 24 hours, begin sterile water at 50 cc's per hour via G-tube for 4 hours.
- If no pain, fever, complications from patient, begin tube feeding per recommendations of attending physician.
- If any questions arise regarding PEG tube, notify me.

Jeffrey Kalman M.D.

rron, Marion SSN: 118244899 Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1ccount 2/2096ali3/2-109828

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

Test  Chemistry Glucose  Criteria for the diag (Fasting Glucose)  <100 mg/dL: Norn 100-125 mg/dL: India Ref: Diabetes Care  Urea Nitrogen Creatinine eCFR (calculation) For African-Americ BUN/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma	mal fasting glunpaired fasting cative of diabe 29:S43-S48, 2 cans, multiply H 38.	PATIENT Range 7 etes: ucose g glucose etes 2006 EGFR result 1	23 0.6 >60 x 1.2	07/14 Range	9-23 0.6->60	3 -1.1 -30.0 -146	F Units mg/dL mg/dL mEq/L mEq/L	78	
Chemistry Glucose  Criteria for the diag (Fasting Glucose) < 100 mg/dL: Norn 100-125 mg/dL: Imic Ref: Diabetes Care Urea Nitrogen Creatinine eCFR (calculation) For African-Americ BUN/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	H 107 gnosis of diabe mal fasting glu npaired fasting cative of diabe 29:S43-S48, 2 cans, multiply H 38. H S1i	Range  7 etes: ucose g glucose etes 2006  EGFR result 1	23 0.6 >60 x 1.2	Range	9-23 0.6- >60 5.0- 132-	3 -1.1 -30.0 -146	mg/dL mg/dL mg/dL		
Chemistry Glucose  Criteria for the diag (Fasting Glucose) < 100 mg/dL: Norn 100-125 mg/dL: Imic Ref: Diabetes Care Urea Nitrogen Creatinine eCFR (calculation) For African-Americ BUN/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	H 107 gnosis of diabe mal fasting glu npaired fasting cative of diabe 29:S43-S48, 2 cans, multiply H 38. H S1i	retes: ucose g glucose etes 2006  EGFR result 1	23 0.6 >60 x 1.2	Range	9-23 0.6- >60 5.0- 132-	3 -1.1 -30.0 -146	mg/dL mg/dL mg/dL		
Criteria for the diag (Fasting Glucose) <100 mg/dL: Norn 100-125 mg/dL: Im >125 mg/dL: Indic Ref: Diabetes Care Urea Nitrogen Creatinine eCFR (calculation) For African-Americ BUM/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	gnosis of diaber mal fasting glupaired fasting cative of diaber 29:S43-S48, 2 cans, multiply H 38.	etes: ucose g glucose etes 2006  EGFR result 1	0.6 >60 x 1.2		9-23 0.6- >60 5.0- 132-	3 -1.1 -30.0 -146	mg/dL mg/dL mEq/L		
Criteria for the diag (Fasting Glucose) <100 mg/dL: Norn 100-125 mg/dL: Im >125 mg/dL: Indic Ref: Diabetes Care Urea Nitrogen Creatinine eCFR (calculation) For African-Americ BUN/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	gnosis of diaber mal fasting glupaired fasting cative of diaber 29:S43-S48, 2 cans, multiply H 38.	etes: ucose g glucose etes 2006  EGFR result 1	0.6 >60 x 1.2		9-23 0.6- >60 5.0- 132-	3 -1.1 -30.0 -146	mg/dL mg/dL mEq/L		
(Fasting Glucose) <pre>&lt;100 mg/dL: Norn 100-125 mg/dL: Im &gt;125 mg/dL: Indice Ref: Diabetes Care Urea Nitrogen Creatinine eCFR (calculation) For African-America Bod/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels may obser Chloride Carbon Dioxide Calcium</pre>	mal fasting glunpaired fasting cative of diabe 29:S43-S48, 2 cans, multiply H 38.	glucose g glucose etes 2006 EGFR result	0.6 >60 x 1.2		0.6- >60 5.0- 132-	-1.1 -30.0 -146	mg/dL mg/dL mEq/L		
<pre>&lt;100 mg/dL: Norn 100-125 mg/dL: Im &gt;125 mg/dL: Indic Ref: Diabetes Care Urea Nitrogen Creatinine eCFR (calculation)</pre>	ppaired fasting cative of diabe 29:S43-S48, 2 cans, multiply H 38.	g glucose etes 2006 EGFR result . 1	0.6 >60 x 1.2		0.6- >60 5.0- 132-	-1.1 -30.0 -146	mg/dL mEq/L		
100-125 mg/dL: Im  >125 mg/dL: India Ref: Diabetes Care Urea Nitrogen Creatinine eCFR (calculation) For African-Americ BUM/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	ppaired fasting cative of diabe 29:S43-S48, 2 cans, multiply H 38.	g glucose etes 2006 EGFR result . 1	0.6 >60 x 1.2		0.6- >60 5.0- 132-	-1.1 -30.0 -146	mg/dL mEq/L		
> 125 mg/dL: Indic Ref: Diabetes Care Urea Nitrogen Creatinine eCFR (calculation) For African-Americ BUM/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	cative of diabe 29:S43-S48, 2 cans, multiply H 38.	EGFR result.1	0.6 >60 x 1.2		0.6- >60 5.0- 132-	-1.1 -30.0 -146	mg/dL mEq/L		
Ref: Diabetes Care Urea Nitrogen Creatinine eCFR (calculation) For African-Americ BUN/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	29:S43-S48, 2  cans, multiply  H 38.	EGFR result .1	0.6 >60 x 1.2		0.6- >60 5.0- 132-	-1.1 -30.0 -146	mg/dL mEq/L		
Urea Nitrogen Creatinine eCFR (calculation) For African-Americ BUN/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	cans, multiply H 38.	EGFR result .1	0.6 >60 x 1.2		0.6- >60 5.0- 132-	-1.1 -30.0 -146	mg/dL mEq/L		
Creatinine eCFR (calculation) For African-Americ BUJ/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	н 38. н Sli	.1 ightly	0.6 >60 x 1.2		0.6- >60 5.0- 132-	-1.1 -30.0 -146	mg/dL mEq/L		
eCFR (calculation) For African-Americ BUN/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	н 38. н Sli	.1 ightly	>60 x 1.2		>60 5.0- 132-	-30.0 -146	mg/dL mEq/L		
For African-American Bun/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	н 38. н Sli	.1 ightly	x 1.2		5.0- 132-	-146			
Bud/Creat Ratio Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	н 38. н Sli	.1 ightly	143		132-	-146			
Sodium Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium	H Sli	ightly			132-	-146			
Potassium Serum Appearance  Potassium levels ma obser Chloride Carbon Dioxide Calcium									
Potassium levels ma obser Chloride Carbon Dioxide Calcium			5.3		3.5-	-5.5	mEq/L		
Potassium levels ma obser Chloride Carbon Dioxide Calcium									
Chloride Carbon Dioxide Calcium	H Hem				Clea	ar	_		
Chloride Carbon Dioxide Calcium		nolyzed							
Chloride Carbon Dioxide Calcium	ay be elevated	due to hemol	ysis and a varie	ety of prean	alytical fa	ctors. Diagnose in li	ght of clinic	cal	
Carbon Dioxide Calcium	rvations, other	r tests and pat	ient history.						
Calcium	L 97				99-1		mEq/L		
	H 35				20-3		mEq/L		
lematology			9.6		8.5-	-10.4	mg/dL		
tematology									
White Blood Count	н 13.					-11.0	x10^3/	uL	
Red Blood Count	L 3.3					0-5.40	x10^6/	uL	
Hemoglobin	L (9.4				11.1	L-14.7	g/dL		
H atocrit	L (32.	. 8)			34.0	0-45.0	00		
P. telets			167		150-	450	x10^3/	uL	
Place data are acceptable 6 11									
These data are acceptable for the	he patient's c	clinical cond	ition. No furth		up neces	ssary at this time.			
D.	C (1	1		DATE					
These data will be monitored for	or further eva	aluation, see	patient chart.						
I.D				DATE					

Report Generated By Autolims on 07/15/2008 at 06:08 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2296132-10982801

ron, Marion SSN: 118244899 Room: 130A

**Patient Information** 

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patrice R. Romear , M. D.

Page 1 of 1/4 count 2/3/0/2/9/4/6-109975

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab#		Date Collected	Date R	Received	Date Reported	Sex	Age
R7882389N	115002	50021701 07/1		15/2008 07/15		/08 07/17/2008		78
		PATII	ENT RESULT	'S				
Test		Out of Range	Wit	hin Range		Reference Range	Unit	S
Urinalysis								
Color, Urine			Yello			llow-Straw		
Appearance, Urin pH, Urine	e		Clear 6.0		Cle			
Specific Gravity			>=1.0	3.0		0-8.0 005-1.030	R.I.	
Bilirubin, Urine				NEGATIVE NEGATINEGATIVE NEGATIVE			11.1.	
Blood, Urine			NEGAT					
Leuk. Esterase,	U H	TRACE	MARCA			GATIVE		
Nitrites, Urine Glucose, Urine			NEGAT NEGAT			GATIVE GATIVE	mg/dL	
Ke ones, Urine			NEGAT			GATIVE	mg/dL	
P. ein, Urine	H	30			NEC	GATIVE	mg/dL	
Urobilinogen, U Urine Microscopic			0.2		0.0	0-1.0	mg/dL	
RBC, Urine			<5		<5		/HPF	
WBC, Urine	H	5-10			< 5		/HPF	
Bacteria, Urine Epithelial Cells	H H	Few				ne seen	/HPF	
Crystals	п	Few	None	seen		ne seen ne seen	/HPF /HPF	
Casts, Hyaline			None			ne seen	/HPF	
Yeast			None	seen	Nor	ne seen	/HPF	
BACTERIOLOGY								
Urine Culture-			< 10,00					
Colony Count Culture Result			< 10		0			
culture Result	:	**Comme	< 10	,000	M			
				6	1/14	26		
These data are acceptable in M.D.	for the pat	ient's clinical	condition. No fu		w up nec	essary at this time.		
These data will be monitor	ed for fur	ther evaluation	n, see patient ch	DATE				
M.D.	ou for fur	the continuation	ii, soo patient en	DATE				

\*\*COMPLETE REPORT\*\*

renerated By Autolims on 07/17/2008 at 02:48 PM

Repr

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2302946-10

Lab #

rron, Marion SSN: 118244899 Room:130A

Specimen #

Brooklyn Navy Yard, Building 292

Date Received

63 Flushing Avenue, Brooklyn, New York 11205

Accord 843 Maril 2134170

10301

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY

DR. SCEUSA CARL

Date Reported

Medical Director Patricia R. Romano, M.D.

Date Collected

Patricia R. Romero M. D.

718-552-1000 Fax 718-552-1022

R82346937	1300022701	10/30/200	08 08:05 AM	10/30	/08 10/30/2008		F	78
1/93		PATIENT	RESULTS					
Test	Out of	Range Within I		Range	Reference Range		Units	
MCV MCH MCHC Neutrophils% Lymphocytes% Monocytes% Eosinophils% Basophils% Neutrophils, Ab Lymphocytes, Ab Monocytes, Abs E nophils,		)	96 33.2 66.4 20.6 6.0 4.2 1.3 0.4 0.4		31. 40. 20. 2.0 1.0 0.0	0-31.0 0-37.0 0-70.0 0-40.0 -10.0 -4.0 -1.0 -7.8 -4.5	fL pg % % % % % x10^3/ x10^3/ x10^3/	uL uL
Absolute Basophils, Abs. Platelets RDW-CV MPV		Pegui si t	0.1 202 15.2 10.5	eters*	11. 8.0	3 -450 0-16.0 -13.0	x10^3/ x10^3/ % fL	
Fasting? - No These data are acceptable M.D. These data will be monit M.D.	e for the patient's	clinical cond		ner follow DATE		essary at this time.		

\*\*COMPLETE REPORT\*\*

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Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2518339-12134170

rron, Marion SSN: 118244899 Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of Alcount In 2029 8405-109923

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab#	Dat	e Collected	Date Received	Date Reported	Sex /
R7882389N	1150021701		01 07/15/2008		07/15/2008	F 78
		PATIENT	RESULTS			
Test	O	ut of Range	Within	Range	Reference Range	Units
Jrinalysis						
Color, Urine Appearance, Urin pH, Urine	е		Yellow Clear 6.0		Yellow-Straw Clear 5.0-8.0	
Specific Gravity Bilirubin, Urine			>=1.030 NEGATIV	)	1.005-1.030 NEGATIVE	R.I.
Blood, Urine Leuk. Esterase, Nitrites, Urine	U H	TRACE	NEGATIV NEGATIV		NEGATIVE NEGATIVE NEGATIVE	
Glucose, Urine Ketones, Urine			NEGATIV NEGATIV	/E	NEGATIVE NEGATIVE	mg/dL mg/dL
l )tein, Urine Urobilinogen, U J <b>rine Microscopic</b>	Н	30	0.2		NEGATIVE 0.0-1.0	mg/dL mg/dL
RBC, Urine			<5		<5	/HPF
WBC, Urine Bacteria, Urine	H H	5-10 Few			<5 None seen	/HPF /HPF
Epithelial Cells	Н	Few			None seen	/HPF
Crystals Casts, Hyaline Yeast			None se None se	een	None seen None seen None seen	/HPF /HPF /HPF
			None Be	.011	None seen	/ HPF
ACTERIOLOGY Urine Culture- Colony Count Culture Result			In Process In Pro	cess		
)		**Comment		)		
hese data are acceptable f. D.				DATE	necessary at this time.	
These data will be monitor . D .	ed for furt	her evaluation,	see patient chart	DATE		
				DAIR	-	

\*\*INCOMPLETE REPORT\*\*

Represented By Autolims on 07/15/2008 at 05:11 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2298405 -

# SILVER LAKE SPECIALIZED CARE CENTER

# **CONSULTATION REQUEST AND RECORD**

	Kairon Marion 13
DATE OF REQUEST:	July 14, 2008  McCarthy  LI (Da Kalman)  Malnutrition, % A-Fib
REASON FOR CONSULTATION:	1-tube Placement
ATTENDING PHYSICIAN'S SIGNATURE:	John Dribleriby
REPORT OF CONSULTATION (Opinion & Recomment  7849  Water Leeds, were  Leeds  And C  And Onyphanyer  Man-Py welen	My or door on Closes  The penled  The Closes  Top won take  Applyin  Enrew Oblines
SIGNATURE OF CONSULTANT:	DATE:
	KARRON-000099

rron, Marion LJN: 118244899



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patrice R. Romano, M. D.

Page 1 of 2 ccount 250 0 3 0 6 - 120858

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date	Collected	Date Rece	ved Date Repor	ted Sex Age
R8205298T	1260017	203 10/	26/2008	10/26/	08 10/27/2	2008 F 78
71		PATIENT	RESULTS			
Test	C	out of Range	Within	n Range	Reference Rar	nge Units
Chemistry						
Glucose (grey)	H	142			65-99	mg/dL
FASTINGFasting?No		Criteria for the o	liagnosis of dia	betes:		
(Fasting Gluco						
<100 mg/dL:						
		asting glucose				
>125 mg/dL:						
Ref: Diabetes Urea Nitrogen	Care 29:543-	548, 2000	In Droc	2000	0 22	ma / dT
Creatinine			In Proc	ess	9-23 0.6-1.1	mg/dL mg/dL
eGFR (calculation	nn)		>60		>60	mg/dL
		ltiply EGFR result			>00	
b //Creat Ratio	mericans, me	mapry DOI R result	In Proc	1899	5.0-30.0	
Sodium			141	CDD	132-146	mEq/L
Potassium			In Prod	ess	3.5-5.5	mEq/L
Serum Appearance	2		Clear		Clear	11114/ 12
Chloride			100		99-109	mEq/L
Carbon Dioxide			In Prod	cess	20-31	mEq/L
Calcium			9.2		8.5-10.4	mg/dL
Protein, Total			6.6		6.0-8.3	q/dL
Albumin			3.4		3.2-4.8	g/dL
Globulin			3.2		1.9-4.0	g/dL
i ) Ratio			1.0		1.0-2.5	Ratio
Aıkaline			In Proc	cess	45-129	IU/L
Phosphatase						
AST (SGOT)			In Proc	ess	13-40	IU/L
ALT (SGPT)			49		10-49	IU/L
Bilirubin, Total	L		In Proc	ess	0.3-1.2	mg/dL
Hematology White Blood Coun			7.0.2		4 0 77 0	
Red Blood Count		2 16	10.3		4.0-11.0	x10^3/uL
	L	3.16 9.7			3.80-5.40	x10^6/uL
Hemoglobin Hematocrit	L L	30.2			11.1-14.7	g/dL
MCV	ш	30.2	96		34.0-45.0	%
MCH					78-102	fL
1.1011		4.4.733700370	30.7	TO PRINT A	27.0-31.0	ba

Report Generated By Autolims on 10/27/2008 at 08:22 AM



\*\*INCOMPLETE REPORT\*\*

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2509306-12085849

Jarron, Marion SML Code: 568146

Room: 237A

Siel medical Taboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Page 1 of 2<sub>Account</sub>2009867-951388

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R75446182	2600877	02/26/2008 06:00 AM	02/26/08	03/03/2008	F	
		TO A CENTER OF THE COURT OF CO				

Test

Complete Results Originally Reported on 02/29/2008 02:57 PM
Out of Range Within Range Reference Range Units

Urinalysis Color, Urine Appearance, Urine pH, Urine Specific Gravity Bilirubin, Urine Blood, Urine Leuk. Esterase, U Nitrites, Urine Glucose, Urine tones, Urine Totein, Urine Urobilinogen, U Urine Microscopic	Н	POSITIVE	Yellow Clear 6.0 1.015 NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE O.2	Yellow-Straw Clear 5.0-8.0 1.005-1.030 NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE	R.I.  mg/dL  mg/dL  mg/dL  mg/dL  mg/dL
RBC, Urine WBC, Urine Bacteria, Urine Epithelial Cells Crystals  Casts, Hyaline Yeast	H H H	Moderate Few Moderate Calcium Oxalate Crystals	None seen None seen None seen None seen	None seen None seen None seen None seen None seen None seen	/HPF /HPF /HPF /HPF /HPF
FACTERIOLOGY Urine Culture- Colony Count Culture Result: Organism: Escheri ANTIBIOTIC Tetracycline Trimeth/Sulfa Ampicillin Nitrofurantoin	ichia	coli	>100,000 >100,000 See below  SENSITIVITY Susceptible Susceptible Resistant Susceptible		tur ×7dyp 3/1/08

Art Generated By Autolims on 03/03/2008 at 10:35 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2009867-9513887

\*\*COMPLETE REPORT\*\*

rron, Marion LJN: 118244899



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patrice R. Romeno, M. D.

Page 1 of 2Account 250 98102-120836

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age
R8205298T	1260017203	10/26/2008	10/26/08	10/27/2008	F 78
	P	ATIENT RESULTS			
Test	Out of Ra		Range Ltical Value	Reference Range	Units
100-125 mg		ucose	65- betes:	99	mg/dL
Ref: Diabet	es Care 29:S43-S48, 200				
Urea Nitrogen Creatinine eGFR (calculat	H 43 ion) i-Americans, multiply EC	0.6 >60 SER result v 1.2	9-2 0.6 >60	-1.1	mg/dL mg/dL
B. / Creat Ratio	0   H   72.0	JIN Tesult X 1.2	5.0	-30.0	
Sodium Potassium	н 5.6	141	132 3.5	-146 -5.5	mEq/L mEq/L
Serum Appearan Chloride		Clear 100	Cle 99-	109	mEq/L
Carbon Dioxide Calcium Protein, Total	VH 36	9.2	6.0	-10.4 -8.3	mEq/L mg/dL g/dL
Albumin Globulin A/G Ratio		3.4 3.2 1.0	1.9	-4.8 -4.0 -2.5	g/dL g/dL Ratio
Alkaline Phosphatase AST (SGOT)	H 231 H H 46		45- 13-		IU/L
A (SGPT) B. irubin, Tota		49	10-		IU/L mg/dL
Hematology White Blood Con Red Blood Coun Hemoglobin Hematocrit MCV		10.3	3.8		x10^3/uL x10^6/uL g/dL % fL
MCH	**(	30.7 COMPLETE REPORT	27.	0-31.0	ba

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Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2509812-12083605

Widney Color

rron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romeno, M. D.

Page 1 of 2 ccount 25018389-121341

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

				1.46						
	Specimen #	Lab#		Date (	Collected	Date Recei	ived	Date Reported	Sex	Age
	R82346937 13	300022	1.5		8 08:05 AM	10/30/	/08	10/30/2008	F	78
			PA	TIENT	RESULTS					
	Test )	О	ut of Rar	ige	Within	Range	1	Reference Range	Units	
	Call test Accessioning: HBACG Chemistry				Cancele	d				
	Glucose (grey) FASTINGFasting?No (Fasting Glucose)				iagnosis of diab	petes:	65-9	9	mg/dL	
	<100 mg/dL: No 100-125 mg/dL: >125 mg/dL: In Ref: Diabetes Ca	Impaired fa dicative of	asting glu diabetes	icose						
	U ) Nitrogen	H	42				9-23	3	mg/dL	
_	Cratinine				0.6		0.6-		mg/dL	
	eGFR (calculation)	)			>60		>60			
	For African-Ame		ltiply EG	FR result	x 1.2					
	BUN/Creat Ratio	H	70.3				5.0-	-30.0		
	Sodium		, , ,		141		132-		mEq/L	
	Potassium				4.7		3.5-		mEq/L	
	Chloride				101		99-1		mEq/L	
	Carbon Dioxide				31		20-3		mEq/L	
	Calcium				9.8			-10.4	mg/dL	
	Protein, Total				6.5		6.0-		g/dL	
	Albumin				3.3		3.2-		g/dL	
	Globulin				3.2		1.9-		g/dL	
	A/G Ratio				1.0		1.0-		Ratio	
	Alkaline	H	225		1.0		45-1		IU/L	
	Phosphatase	H	225				40 1	127	10/11	
	A' \(SGOT)	11			31		13-4	1.0	IU/L	
	AL_ (SGPT)				45		10-4		IU/L	
	Bilirubin, Total	L	0.2		45		0.3-		mg/dL	
1	Hematology	ш	0.2				0.5-	-1.2	mg/db	
	White Blood Count				6.3		1 0-	-11.0	x10^3/	ı ı T
	Red Blood Count	L	2.95		0.5				x10 6/	
	Hemoglobin	L	9.3						g/dL	иш
	Hematocrit	L	28.2						8/QL	
	Hematociit	ш	40.4	OMENT TO	na papopa	d. d.	34.0	)-45.0	0	

Report Generated By Autolims on 10/30/2008 at 03:55 PM

\*\*COMPLETE REPORT\*\*

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2518339-12134170

# SILVER LAKE SPECIALIZED CARE CENTER DEPARTMENT OF OCCUPATIONAL THERAPY

/ Vent				
Annual: Monthly re-eval: Re-admit: Change in status:				
Resident's Name: Karron, Marion Room: 245A MD: Klahr				
Diagnosis: Pneumania, COPD				
W/o A-Fib & asterporasis; tube feeding /PEC				
Change in ROM/Strength				
B/L HE A/PROM BFZ. NO AROM noted in all 4 extremities;				
prom! Oshonider 1/2 range Q shonlar fly 0-70', Ex 0-20', elbon				
flow 0-100', mist flow 0-15'; the con other its prom was noted				
flag 0-100', mict flag 0-15'; Effice other its prom use; noted mod. ed ema BIL LE E open wounds @ distal upper arm 2 @mist Change in ADL/Strength Yes No				
Resident requires total Q = all ADL4, mobility &				
transfers, Sitting balance poor				
Change in Treatment Plan/StrengthYesNo				
Resident not a condidate for restorative OT 2. to				
medical conditions in ability to actively participate in				
tasts. Resident will be placed on from Prom to				
Additional Goals: B/L UT.				
OI Signatura Chair all all mal				
U.1. Signature. Cypy metal of the Date: 2-20-09				
O.T. Signature: One of Date: $2-20-09$ M.D. Signature: Date: $2-20-09$				
Date 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				
Feb. '09				

ron, Marion SSN: 118244899 Room: 130

Page 1 of 2ccount 201002257-997632

10301

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY

DR. SCEUSA CARL

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrue R. Romens, M. D.

Specimen #	Lab#		Date Collected Date R		deceived Date Reported		Sex	Age
R7631228W	1110011801		04/11/2008 04		11/08 04/14/		F	77
	PA	TIENT	RESULTS					
) Test	Out of Ran	ige	Within	n Range		Reference Range	Units	
Urinalysis								
Color, Urine			DK YELI	LOW		low-Straw		
Appearance, Urin	ie H CLOUI	ΟY	0 0		Clea			
pH, Urine			8.0			-8.0	D T	
Specific Gravity			1.015	7.		05-1.030	R.I.	
Bilirubin, Urine Blood, Urine			NEGATIV			ATIVE		
Leuk. Esterase,	TT		NEGATIV NEGATIV			ATIVE ATIVE		
Nitrites, Urine	U		NEGATIV			ATIVE		
Glucose, Urine			NEGATIV			ATIVE	mg/dL	
K' nes, Urine			NEGATIV			ATIVE	mg/dL	
F tein, Urine	H TRACE	2	111101111	v 13		ATIVE	mg/dL	
Urobilinogen, U			1.0			-1.0	mg/dL	
Urine Microscopic								
RBC, Urine			None se	een	None	e seen	/HPF	
WBC, Urine			None se	een	None	e seen	/HPF	
Bacteria, Urine			None se	een	None	e seen	/HPF	
Epithelial Cells	;		None se	een	None	e seen	/HPF	
Crystals			None se			e seen	/HPF	
Casts, Hyaline			None se			e seen	/HPF	
Yeast			None se	een	None	e seen	/HPF	
BACTERIOLOGY								
Urine Culture-			>100,000	)				
Colony Count			>100,0					
Culture Result			See be	elow		$\bigcap$		
rganism: Esch	erichia coli					( )/ / /		
ANTIBIOTIC			SENSIT			11-1-1 16	108	
Tetracycline			Resista			11 01110	(	
Trimeth/Sulfa			Resista			)		
Ampicillin			Resista					
Nitrofurantoi	n		Resista					
Gentamicin			Suscept					4
Cefazolin Amoxicillin/K	Claulata		Suscept		)		Deren	wh
AMOXICIIII/ K		OMPT	Suscept TE REPORT			,	0,11	2 57
		OME LIE	I E REFOR				15/1	7 8

Generated By Autolims on 04/14/2008 at 12:59 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2102257-9976321

rron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 1ccount 2490435-119779

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received		Date Reported	Sex	Age
R81600961	1160088801	10/15/2008	10/16/	08	10/16/2008	F	78
	PA	TIENT RESULTS					
Test	Out of Ran	ge Within	n Range F		Reference Range	Units	
Urinalysis							
Color, Urine		Yellow		Yel	low-Straw		
Appearance, Uri	ne	Clear		Cle	ar		
pH, Urine		6.5		5.0	-8.0		
Specific Gravit		1.020			05-1.030	R.I.	
Bilirubin, Urin	е	NEGATIV			ATIVE		
Blood, Urine	**	NEGATIV			ATIVE		
Leuk. Esterase,		NEGATIV			ATIVE		
Nitrites, Urine Glucose, Urine		NEGATIV			ATIVE	/ JT	
Ketones, Urine	NEGATI\ NEGATI\		NEGATIVE NEGATIVE		mg/dL mg/dL		
I tein, Urine	NEGATIV		NEGATIVE		mg/dL		
Um bilinogen, U		0.2		0.0-1.0		mg/dL	
Urine Microscopic		0.2		0.0	1.0	mg/ al	
RBC, Urine		<5		<5		/HPF	
WBC, Urine		<5		<5		/HPF	
Bacteria, Urine	None se	een	None seen		/HPF		
Epithelial Cells		None seen		None seen		/HPF	
Crystals		None se			e seen	/HPF	
Casts, Hyaline		None se			e seen	/HPF	
Yeast		None se	een	Non	e seen	/HPF	
BACTERIOLOGY							
Urine Culture-		In Process					
Colony Count		In Process					
Culture Result	In Pro						
)	**Con	mments**					
These data are acceptable 1.D.			DATE	ip nece	essary at this time.		
These data will be monitor	ored for further evalu	ation, see patient chart					
M.D			DATE				

Represended By Autolims on 10/16/2008 at 08:57 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2490435 –

\*\*INCOMPLETE REPORT\*\*

# Silver Lake Specialized Care Center PHYSICAL THERAPY WEEKLY PROGRESS NOTE

Patient Name:	KARROW, MARION Age:						
Diagnosis: REVI	P. FAILURE, VENT-DEP. PREUMONIA, COPD, A-FIB, MALNUTRITION						
Attending Physic							
	ram: No/_ Yes						
onango in riogi							
Date							
2/27/68	Lesident was received Restorative P.T. 5x lun the go, book mobility labore up, tearper tearing, and						
, ,	Resident was receive Restoutive P.T. 5						
	I the a bod mobile believe on themps term as						
	Ditti to Rut Di Residente						
	prox and I studing turing. Resident D/c lieur P.7 Januars De to lich of progress and pour compliance, placed on fly						
	Olive to livele of progress and pour compliance, placed on fly						
	Rom progress to nautoin joint integrity MA Just						
Key: E=Evalua	,						
R=Refus	DECORD OF TREATMENTS						
Month	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total						
FEB. 2008	VVVV SV-VR						

Fiveboro Printing, Ltd. (718) 431-9500 Form No. SL-162

ron, Marion 1: 118244899 Room: 130A niel medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2<sub>Account</sub> 214665-100183

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MC CARTHY

Specimen #	Lab# Date		Collected Date I		Received Date Reported		Sex	Age
R7631013H	1150107	7501 04/3	15/2008	5/2008 04/15		04/19/2008	F 77	
etr o		PATIENT	RESULTS					
Test )		Out of Range	Within Range		Reference Range		Units	
Urinalysis Color, Urine Appearance, Urine PH, Urine Specific Gravity Bilirubin, Urine Blood, Urine Leuk. Esterase, Nitrites, Urine Glucose, Urine Ketones, Urine P: ein, Urine Ul. Silinogen, U	Н	CLOUDY  SMALL  SMALL  POSITIVE	7.5 1.025 NEGATIV	1.025 NEGATIVE NEGATIVE NEGATIVE		Yellow-Straw Clear 5.0-8.0 1.005-1.030 NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE		
Urine Microscopic  RBC, Urine WBC, Urine Bacteria, Urine Epithelial Cells Crystals  Casts, Hyaline Yeast	H H H	0-5 Few Many Triple Phosphate Crystals	None se  None se  None se  None se	en en	None None None None	e seen e seen e seen e seen e seen e seen	mg/dL /HPF /HPF /HPF /HPF /HPF	
BACTERIOLOGY Urine Culture- lony Count culture Result Organism: Prot ANTIBIOTIC Tetracycline Trimeth/Sulfa Ampicillin Nitrofurantoi Gentamicin	eus mir	abilis **COMPLET	>100,000 >100,0 See be SENSITI Resista Resista Resista Resista Suscept E REPORT	low VITY nt nt nt nt ible		J 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2833 (V)	

Repo. herated By Autolims on 04/19/2008 at 12:35 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2114665-10018313

Dylsdy

#### Patient Information

tarron, Marion SML Code: 568146

Room: 237A

Ac20098677729513887

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Medical Director Patricia R. Romano, M.D. Patrice R. Romeno M. D.

RESULT

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Specimen # R75446182

Lab # 2600877

Date Collected 02/26/2008 06:00 AM

Date Received 02/26/08

Date Reported 03/03/2008

Sex F

Age

Test

Complete Results Originally Reported on 02/29/2008 02:57 PM
Out of Range Within Range Reference Range Units

Gentamicin Cefazolin Amoxicillin/K Clav'ate Ciprofloxacin Tobramycin Ceftazidime Ampicillin/sulbactam Cefuroxime Levofloxacin Cefoxitin Cefepime Aztreonam Imipenem Ceftriaxone

Ticarcillin/Clav Ac Cephalothin Cefotaxime Ertapenem Piperacillin/Tazobact Amikacin Cefotetan

Susceptible Susceptible Intermediate Resistant Susceptible Susceptible Resistant Susceptible Resistant Susceptible Susceptible Susceptible Susceptible Susceptible Intermediate Intermediate Susceptible Susceptible Susceptible Susceptible

Susceptible \*\*Comments\*\*

\*\*Requisition Comments\*\*

ported to: Silverlake NH - Stats at 02/29/08 03:16 PM

se data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

These data will be monitored for further evaluation, see patient chart. M.D.

DATE

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 03/03/2008 at 10:35 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2009867-9513887

## HISTORY & PHYSICAL EXAMINATION

Patient Name: Karron Marion Room number: 237A				
Height Weight BP				
Allergies Advance Directives   No				
Weight loss:       □ Yes       □ No       Reason/Amount				
Immunizations:       Flu vaccine       □Yes       □No       Date given:         Pneumovac vaccine       □Yes       □No       Date given:         Other vaccines       □Yes       □No       Specify and date given:				
Reason for Admission:				
Past Illness / Hospitalization / ADL changes / Mental changes in last year				
COP Smary Almy 18				
☐ Accidents in last 3 months ☐ At risk for breakdown ☐ At risk for dehydration ☐ At risk for falls ☐ UTI in last 30 days				
Functional Status:  ADL: □Independent □Dependent □Incontinence: □Bowel □ Bladder □ Foley □Suprapubic  Ambulation: □ Independent □ Assist □ WC Bound  Weight Bearing Status:				
General Appearance: Mental status:				
1 Po S Cannon A Call				
Skin: DNo lesions noted Dry Clear See diagram for Decubiti / Breakdown				
Head:  Ears: Hearing:   Nose&Throat:   Nose   Nose				
Neck: ☐ Carotids equal, no thrill or bruit Nodes: ☐ None palpable ☐ No neck veins ☐ No Masses, no enlargement				
Lungs: ☐ Clear to A&P Heart: ☐ Regular rhythm ☐ No Murmur or gallop				
☐ Trach ☐ Vent dep. 2° ☐ 0₂ ☐ Suctioned				
Breast:   No masses found upon palpation & inspection  Abdoman:   Abdoman:   No masses found upon palpation & inspection				
Abdomen:				

Patient Name:	
DECUBITUS / STASIS ULCER / SKIN TEAI Size: Stage:  Avoidable: □ Unavoidable □Reason	
Contractures:	Pelvic/Genitalia:  o Cyanosis  □ No Clubbing
☐ Swallowing Intact ☐ Pos	o phasia Receptive ☐ Asphasia Expressive esible Aspiration ☐ Probable Aspiration sensory or cerebellar abnormalities ☐ Babinski normal Reflexes: BIC. TRIC. K-Jerk A-Jerk R
Review of Labs: Comments:	Review of Diagnostic Testing:
Impression / Diagnosis:	Treatment Plan:
Medication Regime + Reason	Reviewed/Monitor    No side effects  No adverse reactions
Rehabilitation Potential:  ☐ Restorative P ☐ Speech Thera Discharge Disposition Planned: Prognosis: ☐ Poor ☐ Fair ☐ G ☐ Resident ☐ Family ☐ Legal Rep. Interest of the prognosition Planned:	apy   Weaning / Vent
M.D. SIGNATURE:	Date: [22/19]

### **HISTORY & PHYSICAL EXAMINATION**

atient Name: Karron Marian	Room number: JAB A		
Height 5 1 Weight BP 130 18	P 82 R 1 7 99,5  Advance Directives Yes □No		
Weight loss: ☐ Yes ☐ No Reason/Ar Weight gain: ☐ Yes ☐ No Reason/Ar	mount		
Immunizations: Flu vaccine Sees Sees Sees Sees Sees Sees Sees Se			
Reason for Admission: Procumonio	, COPD MRSA		
Past Illness / Hospitalization / ADL changes / Me (Rep Facluse > Vent Replace COD) A. F. Malmy Sutur Pagothypialism, hyper Jupa Obles authoritism	the dimention of the		
☐ Accidents in last 3 months ☐ At risk for breach  ☐ At risk for falls ☐ At risk for falls ☐ An risk for falls ☐ An risk for falls ☐ An risk for breach  ☐ At risk for falls  ☐ At risk for breach  ☐ At risk for falls  ☐ At risk for falls  ☐ At risk for falls  ☐ At risk for breach  ☐ At risk for breac	☐ UTI in last 30 days ☐ Bladder Foley □Suprapubic		
General Appearance:	Mental status:		
	□ <b>Skin Turgor</b> □Good ☑Poor e diagram for Decubiti / Breakdown		
Head: Ears: Hearing: ☑Normal □Hearing Aid Eyes: ☑ PERRLA □ Cataracts □ Eyeglasses □	Nose&Throat: ☐No lesions noted  Dentures: ☐U ☐L ☐Chewing problems		
	les: ☐ None palpable		
Lungs: ☐ Clear to A&P	Heart: □ Regular rhythm □ No Murmur or gallop II  vi & ISM		
Trach Divent dep. 2° Divent dep. 2° Divent dep. 2°			
Breast: ☐ No masses found upon palpation  Abdomen: ☐ No masses	n & inspection Hemia: □ None		
☐ No organomegaly ☐ BS normoactive	☐ Surgical Scars		

Patient Name:			
DECUBITUS / STASIS ULCER / SKIN TEAR			
Size: Stage:			
RShin III 1,5 X1,5 ? =	1) (1) (1)		
Sagrum IV 10 X10 C2em			
YCheal I 5 X Y rednoss	- The think the stand of the st		
Rankle I 1,511			
Avoidable: D Lankle III5	X)		
Unavoidable □Reason_			
Rectal: Mass: D.None	Pelvic/Genitalia:		
Annual: a cofern	defer		
	lo Cyanosis   No Clubbing		
Charles were described and the control of the contr	yer lest		
	phasia Receptive		
☐ Swallowing Intact ☐ Pos	ssible Aspiration   Probable Aspiration		
☐ CN II – XII intact ☐ No Motor: RUE /5 RLE /5	sensory or cerebellar abnormalities □Babinski normal Reflexes: BIC. TRIC. K-Jerk A-Jerk		
LUE /5 LLE /5	R Wint Will		
works to work	L		
Review of Labs: Comments:	Review of Diagnostic Testing:		
Impression / Diagnosis:	Treatment Plan:		
70011	1 12 12 12		
M. FM	her Universe		
Manda M			
W 10 At 19 P			
Medication Regime + Reason	Reviewed/Monitor    No side effects		
	□No adverse reactions		
Rehabilitation Potential:   Restorative P	T ☐ Restorative OT		
☐ Speech Thera	apy   Weaning / Vent		
Discharge Disposition Planned:  Prognosis: ☐ Poor ☐ Fair ☐ G	ood     Terminal		
Windowskill Company of the Company o	formed or medical condition		
Reason if not			
1/1.01	- 1/2		
M.D. SIGNATURE:	Date: Vuls		
/			

	PHYSICIAN'S MONTHLY PROGRESS NOTES	
TO THE ANT	Kayron Marron Rm#: 1301 BP 100/60 WT 130. 8 TPR 98 80 L	
Resident Name:	11 Km#: 1307) BP 7 WI	
Allergies:	A Parameter ( ) Nest Applicable	
	nd Renewed: ( ) Yes ( ) Not Applicable es: ( ) DNI ( ) Health Care Proxy ( ) Living Will ( ) None	
Advance Directive	es: () DNI () Health Care Floxy () Living will () None	
	on since last assessment:   Yes  No - if yes, explain:	
Infection	limonity,	
Dehydration		
Constipation	Asian C to a no it of part to a C to free their	
Chronic Diagnosis:	Next Facture, COPP, Vent, Peg Jube : A Fib, Supothyroich	
Hellman	1	
Mental Status:	□ Cognitively impaired □ Dementia □ Alzheimer's	
Behavior:	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders	
	☐ Verbally abusive ☐ Socially inappropriate	
	☐ Physically abusive ☐ Behavior management problem	
Explain:		
Psychotropics:	∠ Yes □ No Effective: □ Yes □ No	
Side effects:	☐ Yes ☐ No If yes, explain:	
Incontinent:	☐ Yes ☐ No ☐ Bladder ☐ Bowel ☐ Ostomy:	
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule	
	☐ Foley Catheter – Size	
	□ Other	
Skin condition:	□ Intact □ Pressure sore □ Stage/Location:	
Oldie Olivertion.	□ Burns/wounds □ Foot problem □ Stasis ulcer:	
	as Santo Westers	
AND THE PERSON NAMED IN COLUMN TO PERSON NAM		
Nutritional Status:	Current weight 130-8 lbs Phenous	
Weight Change:	□ No □ Gain lbs □ Loss	
PLAN:	□ IV fluids □ Special diet □ Supplements □ NG tube □ Grube	
Other:	Traines a operar diet a supplements a 140 tube	
Diagnosis for NG/O	Tube: Dukala ala a	
Tube site treatment:		
Pain Management Program: ☐ Yes ☐ No - If yes, progress since last assessment:		
M leve ace f 5/325 m 7 9 8 m		
- VV (VIL	The state of the s	
Accidents/Incidents	:  Yes  No - If yes, explain:	
To Lives, explain.		

Contractures:		1:
The state of the s		
Restorative PT:  Tx Time/Wk:	Yes No Reason:	:
Transfer:	Ambulation:	•
Restorative OT:	Yes D No Reason:	
Tx Time/Wk:	ADL's:	
Transfer:  Restorative ST:		3:
Tx Time/Wk:		
(550	Emil Co. 1 1 Project A Va Co.	
201100111011111111	No D Seatbelts D APS Full siderails D 1/2 side	☐ Belt restraint ☐ Lapboard ☐ Other
Medical diagnosis/sympt		ians La Outer
Skin Assessment		Monthly Exam & Assessment
Stage I 🔲 Site	Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	Aled-Win
Stage III	Size	Em EDM+ Potich
Stage IV	Size	Wede Spile For Po dolo
Stasis ulcer	Size	1) L-1/4
		12 BUS
Medical Conditions		,
☐ Vegetative State	☐ Comatose	Mh Wille you
☐ Internal Bleeding	☐ Dehydration	to gulle
☐ Terminally Ill	□ MRSA □ VRE	
☐ Chronic Constipation	C-Diff	
Medical Treatments		Consultations/Special Tests
Tracheostomy Care	Suctioning	Motelan - 11 T Cill Rely to gt
Z Oxygen	☐ Transfusion	
☐ Nasal Gastric Feeding ☐ Parenteral Feeding		
☐ Wound Care	☐ Chemotherapy	
☐ Catheter(Indwelling)	☐ Physical Restraints	. 1
☐ Behavior Problems	☐ Non Compliant	Goals/Plans 5ht.h wf . J will
Drug Regimen Reviewe Interaction/Side Effect Other remarks:	<u>d</u> P	· Tich Frag
Physician's Signature:	A	Date: William

	PHYSICIAN'S MONTHLY PROGRESS NOTES
D	RAVVIOR Marid Rm#: 237A BP 118/56 WT/40 TPR 1009-75
	Will Cold Harry Killing
Allergies: MA	nd Renewed: ( ) Yes ( ) Not Applicable
Advance Directive	
Change in conditi	on since last assessment: Yes \( \sigma\) No - if yes, explain: \( \con \sigma\) expected \( \con \sigma\)
Infection	Let fler (ML)
Dehydration	
Constipation	:RF-) vendap, caro AFIB, I thy win TORF
Chronic Diagnosis:	: KT-) vericup, cuto ATO, viny 1010, Tout
Mental Status:	☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
Behavior:	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
	☐ Verbally abusive ☐ Socially inappropriate
	☐ Physically abusive ☐ Behavior management problem
Explain:	
•	
	· · · · · · · · · · · · · · · · · · ·
Psychotropics:	Yes No Effective: Yes No
Side effects:	Yes No If yes, explain:
Side effects.	Li Tes Bivo II yes, explain.
Incontinent:	Yes No Bladder Bowel Ostomy:
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
	☐ Foley Catheter – Size
	□ Other
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location:
1	/ Burns/wounds
skin	ttell (R) shin
	10
Nutritional Status:	Current weight lbs
Weight Change:	□No □ Gain lbs □ Loss lbs.
PLAN:	☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☐ G Tube
Other: Re	a de la companya della companya della companya de la companya della companya dell
Diagnosis for NO/O	
Tube site treatment	
race site deadlicht	
Pain Managamant I	Program Tivas II No. If you are a last
Pain Management	1 A A
	respect that to por
A '11 . W '11	
Accidents/Incidents	s:
•	

Contractures: Yes	□ No - If yes, explain	: But
Tx Time/Wk: Transfer: Restorative OT: Tx Time/Wk: Transfer:	Ambulation:  No Reason: ADL's: Feeding skills	
Devices/Restraints: ☐ No ☐ Full sid Medical diagnosis/symptoms for		☐ Belt restraint ☐ Lapboard ☐ Other
Skin Assessment		Monthly Exam & Assessment
Stage I	Size	Láclude Abnormal Labs/X-rays/EKG
Stage II	Size	1
Stage III	Size	lan chom wash
Stage IV	Size	
Stasis ulcer	Size	CMM SISCE
		How BC + 24
Medical Conditions		CARA L
☐ Vegetative State	☐ Comatose	CORR SWIN
☐ Internal Bleeding	☐ Dehydration	of Solm
☐ Terminally Ill	□ MRSA □ VRE	THO P VY
☐ Chronic Constipation	□ C-Diff	July -
Medical Treatments		Consultations/Special Tests
Tracheostomy Care	☑ Suctioning	Mary of boulvin
☑ Oxygen	☐ Transfusion	Color
☐ Nasal Gastric Feeding	☐ Parenteral Feeding	( comm of shirth
☐ Wound Care	☐ Chemotherapy	Ge M Son / Wesh
☐ Catheter(Indwelling)	☐ Physical Restraints	Dul
Behavior Problems	□ Non Compliant	Goals/Plans
Drug Regimen Reviewed Interaction/Side Effect Other remarks: Physician's Signature:		Date: 22108

### PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Marron Rm#: 333 B BP 58 WT 154,2TPR 97.7-78			
Allergies:	and Renewed: (×) Yes ( ) Not Applicable		
Advance Directiv	es: ( ) DNI ( ) Health Care Proxy ( ) Living Will ( ) None		
Change in conditi	ion since last assessment:   Yes No - if yes, explain:		
Infection	·		
Dehydration			
Constipation Chronic Diagnosis	:: Resp Failure Tuent, astoparisso, ETO Habuse, A Chol		
Mental Status: Behavior:	☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders ☐ Verbally abusive ☐ Socially inappropriate ☐ Physically abusive ☐ Behavior management problem		
Explain:			
Psychotropics: Side effects:	Yes No Effective: Yes No If yes, explain: Other Me () 60 fer		
	· · · · · · · · · · · · · · · · · · ·		
Incontinent: Appliances:	Yes □ No □ Bladder □ Bowel □ Ostomy: □ Yes □ No □ Condom Catheter □ Toileting schedule □ Foley Catheter − Size □ Other		
Skin condition:	☐ Pressure sore ☐ Stage/Location: ☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: ☐		
Nutritional Status: Weight Change: PLAN: Other: Diagnosis for NG/0 Tube site treatment	□ No □ Gain		
Pain Management	Program: Dives DNo - If yes, progress since last assessment:		
Accidents/Incidents	s:		

Contractures:	es 🗆 No - If yes, explain	: BU Eatherntres
Restorative PT:		
Restorative OT:	es ANO Reason:ADL's:	
Transfer: Restorative ST:	The December 1	
Devices/Restraints:   No  Fu  Medical diagnosis/sympton	Ill siderails 🗵 ½ sider	Belt restraint   Lapboard   Dother Doing Millens
Skin Assessment	V	Monthly Exam & Assessment
Stage I Site	Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	6/11
Stage III	Size	
Stage IV	Size	
Stasis ulcer	Size	1000
Madical Candidians		AND BLAN
Medical Conditions  ☐ Vegetative State	☐ Comatose	13 11/2 25111
	☐ Dehydration	000
☐ Internal Bleeding	☐ MRSA ☐ VRE	O Alp
☐ Terminally III ☐ Chronic Constipation	□ C-Diff	mulland
•	Good C DAAL	
Medical Treatments		Consultations/Special Tests
Tracheostomy Care	Suctioning	
Oxygen	☐ Transfusion	
□ Nasal Gastric Feeding	☐ Parenteral Feeding	( ( ) Col
☐ Wound Care	Chemotherapy	1/1/2 Second
☐ Catheter(Indwelling)	Physical Restraints	TXM
Behavior Problems	□ Non Compliant	Goals/Plans
Drug Regimen Reviewed Interaction/Side Effect Other remarks:		
Physician's Signature:		Date: 3 13 08

		TAHATA HATA HAZAZARAN TAAN BOO	
Decident Name:	KONNO MONT	on Rm#: 1304 BP 100/60 WT/36 TPR98 8012	
Allergies: V	and	Adams. Value 15 and 15	
DND Reviewed a	nd Renewed: ( ) Yes	( ) Not Applicable	
Advance Directive		( ) Health Care Proxy ( ) Living Will ( None	
		t: 🗆 Yes 🗀 No - if yes, explain:	
Infection	om since last assessment	1. L3 165 L9140 - 11 yes, explain.	
Dehydration			
ConstipationChronic Diagnosis:	Repp. Garlure	Coff & Fib Hypothymidism.	
Chronic Diagnosis.	Taylo Garlor	COD TO THE HOME	
14 , 10, ,	TA Alask	☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's	
Mental Status:	Alert Sweet		
Behavior:	☐ Well adjusted		
	☐ Verbally abusive	☐ Socially inappropriate ☐ Behavior management problem	
Eurlains	☐ Physically abusive	Denavior management problem	
Explain:	*		
		·	
Psychotropics:	Yes No	Effective:	
Side effects:	□ Yes □ No	If yes, explain:	
/			
Incontinent:	Yes No	Bladder Deowel Dostomy:	
Appliances:	☐ Yes ☐ No	☐ Condom Catheter ☐ Toileting schedule	
	☐ Foley Catheter —	Size	
	☐ Other		
Skin condition:	☑ Intact	☐ Pressure sore ☐ Stage/Location:	
	☐ Burns/wounds	☐ Foot problem ☐ Stasis ulcer:	
Nutritional Status:	Current weight	136 lbs different scale	
Weight Change:	□ No □ Gain	lbs DLoss (8.2 lbs.	
PLAN:		ecial diet	
Other:	200		
Diagnosis for NG/G Tube: - Dt/ Whom G Salow			
Tube site treatment:			
Pain Management Program: The In No - If yes, progress since last assessment:			
Accidents/Incidents	Accidents/Incidents:		
Accidents/Incidents:			

Contractures:	☐ No - If yes, explain:	
Restorative PT:		
Restorative OT:	☐ No Reason:	
Transfer: Restorative ST:	TO	
Devices/Restraints: - No    Full	siderails 🛛 ½ siderails	Belt restraint
Skin Assessment		Monthly Exam & Assessment
Stage I	Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	NCAT
Stage III	Size	F. Bu E
Stage IV Site	Size	Lop. LBS Orly
Stasis ulcer Site	Size	122-61
Medical Conditions		Establen
□ Vegetative State	☐ Comatose	
☐ Internal Bleeding	☐ Dehydration	
☐ Terminally III	OMRSA OVRE	Two Laill Ments Spl
☐ Chronic Constipation	C-Diff	,
Medical Treatments		Consultations/Special Tests
Zi Tracheostomy Care	D Suctioning	Contract Con
	☐ Transfusion	Speed thory
		Physil They
☐ Nasal Gastric Feeding ☐ Parenteral Feeding ☐ Wound Care ☐ Chemotherapy		
☐ Catheter(Indwelling) ☐ Physical Restraints		
☐ Behavior Problems	☐ Non Compliant	Goals/Plans ( Jan Tx Ja
Drug Regimen Reviewed Interaction/Side Effect Other remarks:		
Physician's Signature:	é.B	Date: 474

r	A 10/10 12/ 91 50 1:
Resident Name:	Renewed: (A) Yes () Not Applicable
Advance Directives	( ) DNI ( ) Health Care Proxy ( ) Living Will ( ) None
Advance Directives.	since last assessment: No - if yes, explain:
Change in condition	T Since last assessment. 12 Tes 11 No - 11 yes, explain.
Dehydration	
Constipation_	less-failure-copp, A. Fib, Hypothyroidism
Chronic Diagnosis: 10	eff-fourwer-copy, 11.119, 17 offerman order
Non-t-1 Ctatura	Z Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
	☐ Well adjusted ☐ Depressed ☐ Find the distribution ☐ Verbally abusive ☐ Socially inappropriate
	☐ Physically abusive ☐ Behavior management problem
	Thysically abusive a Benavior management process
Expidiii.	
Dti	-□ Yes □ No Effective: □ Yes □ No
Side effects:	☐ Yes ☐ No If yes, explain:
Incontinent:	Yes No Bladder Bowel Ostomy:
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
	□ Foley Catheter − Size
	□ Other
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location:
	☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:
Skun Jeans	on (2) writ (1) hand
1	Current weight / 5 / lbs
Weight Change:	□ No □ Gainlbs. □ Losslbs.
PLAN:	☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☐ G Tube
Other:	
Diagnosis for NG/G	fube:
Tube site treatment:_	
,	
Pain Management Pro	ogram: ☐ Yes ☐ No - If yes, progress since last assessment:
Accidents/Incidents:	☐ Yes ☐ No - If yes, explain:

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Stage I	
☐ Full siderails ☐ ✓₂ siderails ☐ Other Medical diagnosis/symptoms for restraint:  Skin Assessment ☐ Site ☐ Size ☐ Include Abnorma	
Stage I	
	& Assessment
Stage III	Och-
□ Oxygen       □ Transfusion         □ Nasal Gastric Feeding       □ Parenteral Feeding         □ Wound Care       □ Chemotherapy         □ Catheter(Indwelling)       □ Physical Restraints         □ Behavior Problems       □ Non Compliant    Goals/Plans	l cuto Tx - hz
Drug Regimen Reviewed Interaction/Side Effect Other remarks:  Physician's Signature:  Date: 5/3/2	lessel

	PHYSICIAN'S MUNITHLY PROGRESS NOTES			
Resident Name:	arran Marran Rm#: 130A BP 100 WT 141 TPR 98 84/			
Allergies: Nove ( ) Not Applicable				
Advance Directives				
Change in conditio	n since last assessment: $\square$ Yes $\square$ No - if yes, explain:			
Infection 1 des	mp- 4/4-9/5 (5)			
Dehydration	,			
Constipation	News Parture, COPD Vent, AFIB hypothy or during			
Chronic Diagnosis:	lary factor cold for a holy of a for and			
	☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's			
Behavior:	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders			
	☐ Verbally abusive ☐ Socially inappropriate			
	☐ Physically abusive ☐ Behavior management problem			
Explain:				
Psychotropics:	☐ Yes ☐ No Effective: ☐ Yes ☐ No			
Side effects:	☐ Yes ☐ No If yes, explain:			
Incontinent:	☐Yes ☐ No ☐Bladder ☐Bowel ☐ Ostomy:			
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule			
	□ Foley Catheter – Size			
	□ Other			
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location:			
	☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:			
	and the state of t			
Nutritional Status:	Current weight /4/ lbs			
Weight Change:				
PLAN:	200			
Other:	□ IV fluids □ Special diet □ Supplements □ NG tube □ Tube			
Diagnosis for NG/G	Tube: Maddagarta Sol 1 um 12			
Tube site treatment:	The transfer of the transfer o			
Dito doddinont.				
Pain Management Pr	ogram: Twee TNo If was processed since last			
i ani ivianagement ri	ogram:   No - If yes, progress since last assessment:			
Accidents/Incidents:	DVas DVa If was and lain			
Accidents/ incidents:	☐ Yes ☐ No - If yes, explain:			

Contractures:	□ No - If yes, explain:_	
Restorative PT:	Bed mobility: Ambulation: Reason: ADL's: Feeding skills:	
Tx Time/Wk:	LJ/VO RCGSOII.	
Devices/Restraints: ☐ No ☐ Full si Medical diagnosis/symptoms fo	derails 🗆 ½ sidera	☐ Belt restraint ☐ Lapboard ils ☐ Other
Skin Assessment		Monthly Exam & Assessment
Stage I	Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	NAT
Stage III	Size	EVY
Stage IV Site	Size	Ly- 1B5 Ptal - Vy
Stasis ulcer Site	Size	
Medical Conditions		The-for
☐ Vegetative State	☐ Comatose	Edalmer
☐ Internal Bleeding	☐ Dehydration	
☐ Terminally III	□ MRSA □ VRE	water inpun
☐ Chronic Constipation	□ C-Diff	(a) I a la l
		ATH SM
Medical Treatments		Consultations/Special Tests
☐ Tracheostomy Care	Suctioning	
Oxygen	☐ Transfusion	
☐ Nasal Gastric Feeding	☐ Parenteral Feeding	
☐ Wound Care	☐ Chemotherapy	
☐ Catheter(Indwelling)	☐ Physical Restraints	10,12 11
☐ Behavior Problems	☐ Non Compliant	Goals/Plans Gl Cd Ta /G
Drug Regimen Reviewed Interaction/Side Effect Other remarks:		
Physician's Signature:		Date: 6/2/01

#### Silver Lake Specialized Care Center

		PHYSICIAN'S MONTHLY PROGRESS NOTES			
)	P	Cerron manion Rm#: 130A BP 1960 WT 138765 TPR 98 8812			
	Allergies:	Vone			
	DNR Reviewed a	nd Renewed: ( ) Yes ( ) Not Applicable			
	Advance Directives: ( ) DNI ( ) Health Care Proxy ( ) Living Will ( ) None				
[		on since last assessment:   Yes  No - if yes, explain:			
	Infection	Juliot last assessment. La 1 es la 1 fee, esperant			
	- 4 4				
	Constinution				
1	Chronic Diagnosis:	nem tachere, colo, A. Fib, Hypothy sordim.			
'					
1	Mental Status:	☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's			
,	Behavior:	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders			
1		☐ Verbally abusive ☐ Socially inappropriate			
	n	☐ Physically abusive ☐ Behavior management problem			
	Explain:				
Γ	, ·	Pyes No Effective: Pyes No			
	Psychotropics:				
	Side effects:	☐ Yes ☐ No If yes, explain:			
L					
,	Incontinent:	Yes No Bladder Bowel Ostomy:			
1	Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule			
	Apphances.	□ Foley Catheter — Size			
		Other			
L	***************************************				
	Skin condition:	□ Intact □ Pressure sore □ Stage/Location:			
		□ Burns/wounds □ Foot problem □ Stasis ulcer:			
		•			
I					
	Nutritional Status:	Current weight 138:3 lbs			
	Weight Change:	No Gain lbs Doss A lbs.			
-1	PLAN: Other:	□ IV fluids □ Special diet □ Supplements □ NG tube □ G Tube			
	Diagnosis for NG/G	Tube			
	Tube site treatment:				
Γ	Pain Management P	rogram: ☐ Yes ☐ No - If yes, progress since last assessment:			
		July Look Land and and and and and and and and and			
, .	Accidents/Incidents	Yes No - If yes, explain:			
L.					

Contractures:	□ No - If yes, explain:	
Restorative PT:	DNo Reason:  Bed mobility:  Ambulation:	
Restorative OT:	ADL's: Feeding skills:	
Devices/Restraints: ☐ No ☐ Full si Medical diagnosis/symptoms fo	derails	elt restraint
Skin Assessment		Monthly Exam & Assessment
Stage I Site	_ Size	Include Abnormal Laba/X-rays/EKG
Stage II	Size	HW-NM- RINE.
Stage III	Size	
Stage IV	Size	Hul- KA
Stasis ulcer	Size	Ly ctor
25.21.25.21.		Mon SOSTATIN
Medical Conditions	Comments of	
☐ Vegetative State	☐ Comatose	EAPULEM
☐ Internal Bleeding	☐ Dehydration	
☐ Terminally III	□ MRSA □ VRE	
☐ Chronic Constipation	C-Diff	
Medical Treatments		Consultations/Special Tests
Tracheostomy Care	☐ Suctioning	Contra with Theory
☐ Oxygen	☐ Transfusion	CONINC
☐ Nasal Gastric Feeding	☐ Parenteral Feeding	
☐ Wound Care	☐ Chemotherapy	
☐ Catheter(Indwelling)	☐ Physical Restraints	
☐ Behavior Problems	☐ Non Compliant	Goals/Plans Catrol Carrel To
Drug Regimen Reviewed Interaction/Side Effect Other remarks:		
Physician's Signature:		Date: (a) 3 v) in

PHYSICIAN'S MONTHLY PROGRESS NOTES
Resident Name: Karron Marron Rm#: 1304 BP 100 60 WT 150 TPR9 821.
Allergies: Now
DNR -Reviewed and Renewed: ( ) Yes ( ) Not Applicable
Advance Directives: () DNI () Health Care Proxy () Living Will () None
Change in condition since last assessment:  No - if yes, explain:
Dehydration NGT feeding so Moration
Constipation
Dehydration NGT feedry so Asparation  Constipation  Chronic Diagnosis: Perp Factore, Cold, A. G. b. hypothy rowson,
Y
Mental Status: ☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
Behavior:
☐ Verbally abusive ☐ Socially inappropriate
☐ Physically abusive ☐ Behavior management problem
Explain:
Psychotropics: Yes No Effective: Yes No
Side effects:
Side criteria.
Incontinent:
Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
☐ Foley Catheter – Size
☐ Other
Skin condition:
☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:
Nutritional Status: D Current weight 10 lbs States a N4T feely 7/13/291
Weight Change: $\square$ No $\square$ Gain // 7 lbs $\square$ Loss lbs.
PLAN:
Other:
Diagnosis for NG/G Tube: Warner
Tube site treatment: a I Eval pending pr possible pleg Tube
Pain Management Program: ☐ Yes ☐ No - If yes, progress since last assessment:
Accidents/Incidents:
Accidents/Incidents:

Contractures:	□ No - If yes, explain	n:
Restorative PT:	Bed mobility	<i>7</i> :
Restorative OT:	ADL's:	
Transfer:  Restorative ST:	No Reason:	s:
Devices/Restraints: No	and a second	
Skin Assessment	,	Monthly Exam & Assessment
Stage I	Size	Include Abnormal Labs/X-rays/EKG
Stage II	_ Size	NGAT PULT
Stage III	Size	Hed-RA
Stage IV Site	Size	Ly . MM
Stasis ulcer	Size	,
na no na no		Abder (1)
Medical Conditions		El Pelepens
☐ Vegetative State	☐ Comatose	
☐ Internal Bleeding	☐ Dehydration	
☐ Terminally Ill	□ MRSA □ VRE	
☐ Chronic Constipation	☐ C-Diff	
Medical Treatments		Consultations/Special Tests
Tracheostomy Care	Suctioning	Jaston = = 10 NOT
□ Oxygen	☐ Transfusion	And 6I and (1)
Nasal Gastric Feeding	☐ Parenteral Feeding	Any 61 and 61
□ Wound Care	☐ Chemotherapy	
☐ Catheter(Indwelling)	☐ Physical Restraints	
☐ Behavior Problems	☐ Non Compliant	Goals/Plans Cot and . Cothe ph
Drug Regimen Reviewed Interaction/Side Effect Other remarks:		
Physician's Signature:		Date:

PHYSICIAN'S MONTHLY PROGRESS NOTES
Resident Name:   (arron Manon   Rm#:/30A   BP / WT/35   TPR 98 -80   Allergies:   Nove
DNR –Reviewed and Renewed: ( ) Yes ( ) Not Applicable
Advance Directives: ( ) DNI ( ) Health Care Proxy ( ) Living Will ( ) None
Change in condition since last assessment:   Yes   No - if yes, explain:
Infection
Dehydration
Chronic Diagnosis: flexp Faulure Vant Melmentin, Coll Afib
Chronic Diagnosis: 11 10 1000 1000 1000 1000 1000 1000 1
Hapologridish.
Mental Status: ☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
Behavior:
☐ Verbally abusive ☐ Socially inappropriate
☐ Physically abusive ☐ Behavior management problem
Explain:
Psychotropics:
Side effects:
blde cricets.
Incontinent:
Appliances:
□ Foley Catheter – Size
□ Other
Skin condition:
☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:
Stage I Premise yell suchim
Nutritional Status:   Current weight /3   lbs
Weight Change: $\square$ No $\square$ Gain lbs $\square$ Loss lbs.
PLAN:   □ IV fluids □ Special diet □ Supplements □ NG tube □ G Tube
Other:
Diagnosis for NG/G Tube: Dys phaline.
Tube site treatment:
Pain Management Program: Yes  No - If yes, progress since last assessment:
Otycodone CAPAPS/305 T 9,8 M PRV
A - il - a -
Accidents/Incidents:

Contractures:	es 🗆 No - If yes, explain:	
Restorative PT:	Bed mobility:	
Restorative OT:	ADL's: Feeding skills:	
Restorative ST:	es 🗆 No Reason:	
/	/	Belt restraint
Skin Assessment		Monthly Exam & Assessment
Stage I	Size	Include Abnormal Labs/X-rays/EKG
Stage II Site Solm	m Size 3 & 3 xo.	NEAT-BALL NO
Stage III	Size	,
Stage IV		He-RA
Stasis ulcer		y com
Medical Conditions		Abd OBS simples
☐ Vegetative State	☐ Comatose	Estavluen
☐ Internal Bleeding	☐ Dehydration	
☐ Terminally Ill	□ MRSA □ VRE	
☐ Chronic Constipation	□ C-Diff	
Medical Treatments		Consultations/Special Tests
Tracheostomy Care	Suctioning	Sul 6-M pho a 9my
Oxygen Oxygen	☐ Transfusion	2001 6 m has 2 min
Nasal Gastric Feeding	☐ Parenteral Feeding	
Wound Care	☐ Chemotherapy	
☐ Catheter(Indwelling)	☐ Physical Restraints	
☐ Behavior Problems	☐ Non Compliant	Goals/Plans Col Coul To
Drug Regimen Reviewed     Interaction/Side Effect Other remarks:		
Physician's Signature:		Date: 4/1-5/4

PHYSICIAN'S MONTHLY PROGRESS NOTES
Resident Name: Kurron Mana Rm#130A BP WT/35 TPR 28 706
Allowing Almo O
Allergies: Nove  DNR -Reviewed and Renewed: (Yes () Not Applicable
DNR -Reviewed and Renewed: (/) Yes ( ) Not Applicable
Advance Directives: ( ) DNI ( ) Health Care Proxy ( ) Living Will ( ) None
Change in condition since last assessment:   Yes   No - if yes, explain:
Infection KLL Deplorate on WASI
Dehydration
Constipation
Chronic Diagnosis: less Failuse, COPD AFib. Hypothypoidism, OA OP-Ven
Premanea. STOHA bush. Turno Wega. Peg Jule.
Mental Status: ☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
Behavior:
☐ Verbally abusive ☐ Socially inappropriate
☐ Physically abusive ☐ Behavior management problem
Explain:
Psychotropics:
r by ono drop rec.
Side effects:
Incontinent:
Appliances:
☐ Foley Catheter – Size
□ Other
Skin condition: D Intact Pressure sore D Stage/Location: Stage II - Salmin
Skin condition:   Intact Pressure sore Stage/Location: Stage I - Sacrum  Burns/wounds Foot problem Stasis ulcer:
and Dairies would be 1000 protein and Dairies.
137
Nutritional Status: Current weight   150 lbs
Weight Change: DNO Gain lbs Loss lbs.
PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☐ G Tube
Other:
Diagnosis for NG/G Tube; Dysphaya
Tube site treatment: Clan 678 & WS gray mylanta
Pain Management Program: Yes  No - If yes, progress since last assessment:
Accidents/Incidents:
in 100 mg/10 in job, explain.

Contractures:   Yes	□ No - If yes, explain:	
Restorative PT:	Bed mobility:  Ambulation:  Reason:  ADL's:  Feeding skills:	
Restorative ST:	No Reason:	
Devices/Restraints: No	☐ Seatbelts ☐ APS ☐ B siderails ☐ ½ siderails for restraint:	Belt restraint
Skin Assessment		Monthly Exam & Assessment
Stage I		Include Abnormal Labs/X-rays/EKG
Stage II Site Solm	m. Size 2x2x0.	HW-NCAL
	Size	Gra Lemi
Stage IV Site		Hall toloph a lespih
Stasis ulcer		Ci.J. RN
		/
Medical Conditions	Comet	Lys & BS com
☐ Vegetative State	☐ Comatose	ALL SOFT
☐ Internal Bleeding	☐ Dehydration	Sh (Bnl) sh /Amnu
☐ Terminally Ill	□ MRSA □ VRE	
☐ Chronic Constipation	C-Diff	Prem to h pro Tax
Medical Treatments	armi.	Consultations/Special Tests
Tracheostomy Care	Suctioning	
Oxygen	☐ Transfusion	
□ Nasal Gastric Feeding	☐ Parenteral Feeding	
D Wound Care	☐ Chemotherapy	
☐ Catheter(Indwelling)	☐ Physical Restraints	/
☐ Behavior Problems	☐ Non Compliant	Goals/Plans Lel Cel Tv
Drug Regimen Reviewed Interaction/Side Effect Other remarks:	7	Notr
Physician's Cimpton		Date: 10/20/4
Physician's Signature: \ ///_	J	Date. /-//

	PHYSICIAN'S MONTHLY PROGRESS NOTES			
	Harvon, Marian BP 1260 WT 136 TPR 99-86-			
Resident Name:	MACONO RIMA: 12011 BP WIDE IFRETT			
Allergies:	I December 1 ( A Very ( ) Net Applicable			
DNK -Reviewed ar	nd Renewed: ( ) Yes ( ) Not Applicable			
Advance Directive	s: () DNI () Health Care Proxy () Living Will () None			
	on since last assessment:   Yes No - if yes, explain:			
Infection	menusum			
Dehydration				
Constipation	Resp fewers - Vent, COPD, poy tube, A Fib,			
Chronic Diagnosis:	paper to the state of the state			
of thy noi br	) My			
Mental Status:	☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's			
Behavior:	Well adjusted LI Depressed LI Anxious LI Wanders			
	☐ Verbally abusive ☐ Socially inappropriate			
	☐ Physically abusive ☐ Behavior management problem			
Explain:				
Psychotropics:				
Side effects:	☐ Yes ☐ No If yes, explain:			
Incontinent:	☐ Yes ☐ No ☐ Bladder ☐ Bowel ☐ Ostomy:			
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule			
	☐ Foley Catheter – Size			
	□ Other			
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location:			
	☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:			
Nutritional Status:	Current weight /3 lbs			
Weight Change:	□ No □ Gain lbs □ Loss lbs.			
PLAN:	□ IV fluids □ Special diet □ Supplements □ NG tube □ G Tube			
Other:	TV fluids in Special diet in Supplements in NG tube in G Tube			
	Tube: Cysplagin			
Tube site treatment:				
. ace site deadlicit.	/~~ vv [ '' - '			
Pain Management D	rogram: TVes T No. If yes program since lest assessment:			
Pain Management P	rogram: Tyes DNo - If yes, progress since last assessment:			
<u> </u>	per single singl			
A soident-/Iil				
Accidents/Incidents:	☐ Yes ☐ No - If yes, explain:			

Contractures:	☐ Yes ☐ No - If yes, expl	lain:
Restorative PT: Tx Time/Wk: Transfer:		lity:
Restorative OT: Tx Time/Wk:	Yes No Reason:ADL's:	
Transfer:Restorative ST: Tx Time/Wk:		cills:
DO 1100D I LODGE CHILLION		S
Skin Assessment	2	Monthly Exam & Assessment
Stage I Site	Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	- Moles,
Stage III	Size	
Stage IV Site		
Stasis ulcer	7	
Medical Conditions  Vegetative State  Internal Bleeding  Terminally Ill  Chronic Constipation	☐ Comatose ☐ Dehydration ☐ MRSA ☐ VRE	The son M. OK , PAEG.
•		Commitment of the control of the con
Medical Treatments	TT Guestianian	Consultations/Special Tests
Tracheostomy Care	☐ Suctioning ☐ Transfusion	Pulming (by Cicin
Oxygen		'
Nasal Gastric Feedin		ing .
☐ Wound Care	☐ Chemotherapy  ☐ Physical Restrain	nte
☐ Catheter(Indwelling☐ Behavior Problems	-	Goals/Plans Out Cumb
Drug Regimen Review Interaction/Side Effect Other remarks:	Hr)	Meny
Physician's Signature:		Date: 12/1/1\

### PHYSICIAN'S MONTHLY PROGRESS NOTES

	aydan Manon Rm#: 130A BP WT TPR					
Allergies:	J. Donas de ( ) Not Applicable					
<b>Advance Directives</b>	DNR -Reviewed and Renewed: ( Yes ( ) Not Applicable  Advance Directives: ( ) DNI ( ) Health Care Proxy ( ) Living Will ( ) None					
	n since last assessment:   Yes No - if yes, explain:					
Infection						
Dehydration	1					
ConstipationChronic Diagnosis:	leng Far use Cofo Vents A. Eb trypothy soiding					
	☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders					
	☐ Verbally abusive ☐ Socially inappropriate					
	☐ Physically abusive ☐ Behavior management problem					
Familain.	<u> </u>					
Psychotropics:	☐Yes ☐ No Effective: ☐Yes ☐ No					
Side effects:	☐ Yes ☐ No If yes, explain:					
_						
Incontinent:	Yes No Bladder Bowel Ostomy:					
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule					
	□ Foley Catheter - Size					
	□ Other					
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location: ☐ []					
	☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:					
Nutritional Status:	☐ Current weight lbs					
Weight Change:	□ No □ Gainlbs □ Losslbs.					
PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☐ G Tube						
Other:						
Diagnosis for NG/G Tube: Tube site treatment:						
A doc ble detailent. (100)						
Pain Management Program:  Yes  No - If yes, progress since last assessment:						
_ prescit						
Accidents/Incidents:						

Contractures:	□ No - If yes, explain:
Restorative PT:	Bed mobility: Ambulation:  No Reason: ADL's: Feeding skills:
Devices/Restraints: No	
Skin Assessment	Monthly Exam & Assessment
Stage IV Site	Size Include Abnormal Labe/X-raya/EKG Size Avalu  Size Heat: NUAT, COND, Churto, CMI
Medical Treatments  Tracheostomy Care  Oxygen  Nasal Gastric Feeding  Wound Care  Catheter(Indwelling)	Consultations/Special Tests  Suctioning  Transfusion  Parenteral Feeding  Chemotherapy  Physical Restraints  Consultations/Special Tests
Drug Regimen Reviewed Interaction/Side Effect Other remarks: Physician's Signature:	Non Compliant  Goals/Plans  Date: 17/15

SILVERLAKE-KARRON-000137

PHYSICIAN'S MONTHLY PROGRESS NOTES Marion Karron Rm# 240A BP/10/70 WT 176 TPR 100-84-16 Resident Name: Allergies: DNR -Reviewed and Renewed: (X) Yes ) Not Applicable (X) None ) Health Care Proxy ( ) Living Will ) DNI Advance Directives: Change in condition since last assessment: \( \text{Yes} \) \( \text{No}\_2\)- if yes, explain: Infection Infectiel Sacral Docub debudged on Dehydration / Constipation ( Chronic Diagnosis: Non Cognitively impaired □ Dementia ☐ Alzheimer's Mental Status: ☐ Anxious ☐ Wanders Behavior: ☐ Well adjusted ☐ Depressed ☐ Socially inappropriate ☐ Verbally abusive ☐ Physically abusive ☐ Behavior management problem Explain: Effective: Psychotropics: ⊠ Yes □ No Yes No If yes, explain: Side effects: Incontinent: Yes □ No ☐ Bladder D Bowel □ Ostomy: ☐ Toileting schedule Yes □ No ☐ Condom Catheter Appliances: Eoley Catheter -Size 16F ☐ Other Skin condition: ☐ Intact Pressure sore ☐ Stage/Location: ☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: Nutritional Status: Current weight lbs Weight Change: O No ☐ Gain lbs □ Loss PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube G Tube Other: Diagnosis for NG/G Tube: Tube site treatment: Pain Management Program: Yes □ No - If yes, progress since last assessment: QOM OCO Accidents/Incidents: ☐ Yes No - If yes, explain:

Contractures: Yes	□ No - If yes, explain: phoulders
Restorative PT:	Reason: Bed mobility: Ambulation:
Restorative OT:	ADL's:
Transfer: Restorative ST:	Feeding skills:
Devices/Restraints:   No  Full significant diagnosis/symptoms for	
Skin Assessment	Monthly Exam & Assessment
Stage I	SizeInclude Abnormal Labs/X-rays/EKG
Stage II Site	Size
Stage III	
Stage IV Site Sanur	n Size 11,5 × 7,5 c3,8 ded Amy 30 18 2
Stasis ulcer	
Medical Conditions	The light ollary
☐ Vegetative State	□ Comatose
☐ Internal Bleeding	□ Dehydration
☐ Terminally III	MRSA DVRE
☐ Chronic Constipation	Sourcus C-Diff
Medical Treatments	Consultations/Special Tests
Tracheostomy Care	Suctioning
XOxygen	☐ Transfusion
CX Nessal-Gastric Feeding	☐ Parenteral Feeding
Wound Care	□ Chemotherapy // Le doug
Catheter(Indwelling) 29	Physical Restraints On HM (10 dalla)
☐ Behavior Problems	Non Compliant Goals/Plans
Drug Regimen Reviewed Interaction/Side Effect Other remarks:	
Physician's Signature:	Date: 2/19/09
iny sional o Digitature.	/ / /

SILVERLAKE-KARRON-000139

PHYSICIAN'S MONTHLY PROGRESS NOTES

DNR -Reviewed an	od Renewed: Yes ( ) Not Applicable
Advance Directives	
Change in conditio	n since last assessment:   Yes No - if yes, explain:
Infection	
Dehydration	
Constination	
Chronic Diagnosis	exptailure Duant, COPD, HTN, AF, malnufuting,
MOSASON	From STOHARUPED OSTONOBOSIA, OSTONAHNUTA, DURAN
Mental Status:	Jum, ETOHabuse, Osteoporosio, Osteoathutus, Dupla Alert & Cognitively impaired Dementia Alzheimer's
Behavior:	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
Jena viori	☐ Verbally abusive ☐ Socially inappropriate
	☐ Physically abusive ☐ Behavior management problem
Explain:	a injured by decire a bond to indiagonom process
DAPIMII.	
Psychotropics:	Yes No Effective: Yes No If yes, explain: Partilled apressur
Side effects:	Yes DNo If yes, explain: Parle Don depression
·	The state of the s
Incontinent:	Xes No Bladder Bowel Ostomy:
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
прришесь.	□ Foley Catheter — Size
	□ Other
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location:
one contaction.	☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:
	El Paris Woulds El Foot problem El Basis dicer.
Nutritional Status:	Current weight \87 lbs
Weight Change:	□ No □ Gain lbs □ Loss lbs.
PLAN:	□ IV fluids □ Special diet □ Supplements □ NG tube ☑ G Tube
Other:	
	Tube: Dyphagea
Tube site treatment:	NSWEDFOT OS E mylanda USE
Pain Management Pr	rogram: Des DNo - If yes, progress since last assessment: Dain Control
	E Derop Cost

Contractures:	Dero
Tx Time/Wk: Bed mobility:	
Restorative U1: Li Yes 19-No Reason:	
Transfer: Feeding skills:	
Devices/Restraints:   No Seatbelts APS Belt  Full siderails  Medical diagnosis/symptoms for restraint:  OSSS	restraint
Skin Assessment	Monthly Exam & Assessment
Stage I	Include Abnormal Labs/X-rays/EKG
Stage II Site 2 Show Size 1,5 X	VSI
Stage HTV Stite Rhip Size 5 X 7e. 1 Depth	I'm alm
Stage IV SKSitebour Size 10 19 22cm	Cinm Sh
Stasis ulcer	About BSP
Medical Conditions	De Col Tolor
☐ Vegetative State ☐ Comatose	Less Lan 1
☐ Internal Bleeding ☐ Dehydration	Kanno .
☐ Terminally III ☐ MRSA ☐ VRE	COUNTY.
☐ Chronic Constipation ☐ C-Diff	hy wather
Medical Treatments	Consultations/Special Tests
Tracheostomy Care Suctioning	(1)
□ Transfusion	
Nasal Gastric Feeding	
Wound Care	
☐ Catheter(Indwelling) ☐ Physical Restraints	
Behavior Problems	Goals/Plans
Drug Regimen Reviewed	
Interaction/Side Effect	
Other remarks:	. 1
Physician's Signature:	Date: 3/5/09

# Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron, Marion ROOM: 237A CHART # 15354 DATE TIME and Susce &m 237 A case + Leichiones Resident 1st night New Admission. Awake & dependent Suction of Trueb of Heck Sceneros Incontinent Remains vent · 5Am. Resident clapping her hands of also Resident during ANL'S can & Suction , hach Case. Emoporal support orientation not 1. 1/3 985.86.16 B.P 140/80. Noted ? sechess c tracks & to The cleanse asound = N/s apply S/vadine Cream 95x14days Costact 450 main faired to 5 - 115 MRSA Solution

SILVERLAKE-KÁRRON-000142

# Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME:	Karron,	17arlos		ROOM: <u>232</u>	CHART #	
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1/20/08						
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# INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER

NAME Kasson Marioo ROOM# 237A CHART# DATE TIME / 63/08 YOA 123/00 56 p - 200 ce speech was complete Cont Reg diet themong output \$25 ac. Sw Ge havin

#### INTEGRATED PROGRESS NOTES

NAME WYOM ROOM # 23/ + CHART #
DATE
TIME Pulm med 1/24/05 Pt eval = the Chr.
Chart reviewed
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- COM (acute on che pasp
- COOD (acute on chorse)  - A Fib (parox) failure)  - E toh h x
- hypothyroidism - hyperlipidemia
- theumonia  - theumonia  - proof hx (malnutrition)  - depression  US reviewed (ale-t)
US reviewed /ale-+/
Chest - Ibreath sounds
Than ch;
heart - RR, SIS (distant)
1=5d - 10f t
ext - atrophic
Ven 8 Parameters, pressures,  O) bats reviewed
a - che resp tail
D-bronchood PX  = pulm toilet -trach care  - mobilization
- muti, toon al monitoring
-DVT Coph - 12 + res bulcer proph
assess re wearing
Fiveboro Printing (718) 431-9500 Form No. SL-249

# INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER M ROOM# >3/1 A CHART# NAME DATE 11/226/05 MS& BAM Remdea Resident & son a nicotone remared Stated that Forms. Problem monitor 10 1/27 3-11 O behavior

#### INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER

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Fiveboro Printing (718) 431-9500 Form No. SL-249

#### INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER

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DATE TIME 7/370	Render Bhows Panciety noted. Alwan in PRN gu Teffer Clocoly moneloid, Floofp. 306cc. Will obse - LifeR
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# INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER NAME KOUNAN MANUN ROOM# 237 / CHART#\_\_\_\_\_

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#### INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER

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NAME:	Karron		ROOM:&37_0	CHART #
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\_\_\_\_\_ ROOM:\_\_\_\_\_CHART # \_\_\_\_\_ NAME: DATE TIME Not weanable at this point - see 218108 nusing mo ordered DNR -Stippdali un sparently while sulling within Feeding

# INTEGRATED PROGRESS NOTES

SILVER LAKE SPECIALIZED CARE CENTER NAME ROOM #\_\_\_\_\_ CHART # DATE TIME Pulmonary Medicine Date 2/11/08 Name: Karron, M Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is arousable. Hemodynamically stable. There is currently no evidence of acute infection. Patient is not weanable from mechanical ventilation. This is secondary to neurological dysfunction. To continue present regimine. Overall prognosis is poor. Ralph J. Ciccone III, M.D. FCCP -mo craised nicote à Bkin

#### INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER

ROOM#\_\_\_\_CHART# NAME DATE TIME agitation a Anarchi notal. work 9270 SILVERLAKE-KARRON-000155

INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER

ROOM # 2 7 7 CHART # DATE TIME 66° × 73 hours then re-eria

#### INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER

I STATE	CHART#
DATE	12/19/08
TIME	23°pm nuising 1/5 99.3 -78-16 120/70 nerident on
TENTE	WB solumedral 60mg very 6 hours for 72 hours then
	re-unliate IV inflisted well or on Whites or sect
	96. Chest x-ray pinding. Nesident had large lache Bm x
	Will monitor - Dundale CPN - Pl
2/9/08	Dontal See Dontal Moto //
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120/08	nuisury 1s 1909-78-16 118/56 resident on 18/3 Solumedrol
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<u> </u>	4 temp 99 10. resident had Bm x 2. will mobile
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2/21/08/	NSW: 16-985-82-10-1VAB Confirmed, Infred well on (2) hand. No
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hilasta	was no mondared to all solumed at 1488 and advert
7-2 10	reducence 40 mg for 4 daip and 2 by wag every 3rd day that wag, then re-eval will manuter - standaly are
10	atil in me than re-out of will monthly a transfel i for
117 (0)	an 1071 19 Aller 1 and a contribution - 15 contributes are
121/08/0	using its 98.9-70-16 milso resident started Predruxne 40.
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INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER CHART# NAME DATE TIMH reviewed 00 0910815 (box) noted po fluid enconaged we lit

# INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER ROOM# CHART # DATE TIME

Fiveboro Printing (716) 431-9500 Form No. SL-249

NAME: Lallom IN DATE TIME 2/28/08 above revile

SUMON Mallor ROOM: 237 CHART# NAME: DATE 11021256 Resident Phine C+5 positive ECole gualua Resident refused they dose of Bultim (20ml) the tops Lespite encouragement and feeling her the insportance of adhering to her moder contring regimen. will contain to feach irestdent on the Vibal of medication a responsive started on patrim for UTI nuising 1/5 99,3-87-17 104/58 resident on Bactron ONTE DAN DE DE MUNICIPA COURAGED WILL 1/8 98.7, 78, 16. Pes maintaine on Bactum for UTI. Bactrini suuri as per order - NAEN : no clo grom Ris Alwan gwen @ Jom as per Jamilys riquest for agitation. All meds of the Venther egitation noted his made comfortable ellar

DATE TIME  33105 NOW 7-34 NOW Positions in Backins JUTE  South Search of Leven & 3 & Earl over  15599-14-10 Odd Jule will ministry  John Leh Aludent Who walls no describe  Append to Aludent Who walls no describe  And I have be reached noted, all pm care pounds  fluids encouraged to promote hydration of colopied  distress noted, will observe of waise 5  And oline. Positional mater to hand about of the pm  Selection of the trained to hand about of the pm  Summan made auras Alume Denies our selection of the pm  Summan made auras Alume Denies our selection of the pm  Summan made auras Alume Denies our selection of the pm  Summan trach thick disconnecting flushed to head our selection of the pm  Sulfas aurang to bett to purch while trying the reconnect that trach thick disconnecting flushed to head our put trach thick disconnecting flushed to head our pm  314108 aurang histerit calmed down matern tokin off  314108 aurang histerit trained down matern tokin off  314108 aurang histerit rained down matern tokin off	NAME:	CON (1) ROOM: OS ) CHART #
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NAME:	ROOM: 237 CHART#
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3/3/0/3	asymptomatic Resident explicated try
	DiRanoi die to elema of Bankle o
	X-rain ondered.
3/6/08	NOA 2-35 Rosedont X-ray (B) ankle shinged
	no fix but osteopolosis a wholatheritis.
	Pared in Citaral E Vit D 40mal 400mil Stalm
	BID. Backing ut in process. Counglymatic.
,	DULMONARY - above revisived
2/1/00	pul monia reg
0/6/08	Pula toilet
	mobilie a team, continue
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	Du port
	Not wearable
	Moor prognosis
	change in ptis vent
	parameters, pressures,
	Or Pats
	1 (2001)
0 61	
3/1/08	NS. VIC 98-9 80 16 Bactrim for UT as Ordered given MAR
11-26	VIC 98.9 80 16 Bactrim for UT as ordered given NAR  Noted All mod given Slept with reg enter Well.  Suctions done Alm care provided will cont to  Observe Limitaly
	Sustain done Alm case provided will next to
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Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES CHART# NAME: DATE TIME, 3 9/08 and monton Parcel PL RUMC

NAME:	ROOM:CHART #
DATE	Maria :
TIME	The Received + 0 + runter resident to room 232 B. Family notify by Social Service: CROMON
Polical according	1 222 P E- il timper placedant No room
3/10/08	1300. Vamely nolify by sound service thouse
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NAME:	Kennen ROOM:	CHART #
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	Al Prenn gesden hiss	
,	SILVERLAKE-KARRON-000	0166

NAME:	(1000) 11000) ROOM: 100N CHART #
DATE	
TIME	·
Puln	nonary Medicine
	ne: Karron,M Date: 5/4/08
110111	
Case	discussed with staff on rounds.
Ven	tilatory parameters were reviewed. Vital signs were reviewed.
PIP	acceptable rological status the patient is awake and alert
Neu	odynamically stable.
Tho	ro is a preumonic process
Pati	ent is not weanable from mechanical ventilation.
This	is secondary to severe COPD.
Too	ontinue present regimine.
Ove	rall prognosis is extremely poor.
	11/-
Dal	ph J. Ciccone III, M.D. FCCP
Kaij	Jii J. Ciccolle III, IVI.D. I CCI
4408	NSG
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	noted. 3nd der cale a Rei au project.
	will cont to monit

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NAME:	Datum Natum ROOM: 304 CHART #
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TIME	Ref Care
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	CXR dene-leste peneling. Apelote
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	of markor.
5/5/08	neurosia Nate:
11-7.	CXR Sesults Alcuved Shalling Bur pullmond
	WBC is 14.8 Px is afelired & in no distress.
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	a moretar clasely. Deceter an
	fleeter a
5/5/08	
3P-7A	Respisatory Care Note  Pt remains on H-tank @ 8LPM 02 . 02 Sat 98%
	HR 54 Et CB2 42 min He RR 12 A Secretion, No respiratory
	distress noted. Pt appears stable, will continue
	to monitor - akhtar,
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	Allan talley formy forms all x rocking. Delicities
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NAME: Karnon Harion ROOM: 130 A CHART #\_\_\_ DATE TIME onthrue carein an SNF satting lami 51108 SILVERLAKE-KARRON-000170

NAME: K	arron M. ROOM: [30A CHART #
DATE	
TIME	·
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Pulmo	nary Medicine
Name	: Karron,M Date: 4/28/08
	liscussed with staff on rounds.
Ventil	atory parameters were reviewed. Vital signs were reviewed.
	ceptable logical status the patient is awake and alert
Hemo	dynamically stable.
	is no evidence of acute infection.
This is	t is not weanable from mechanical ventilation.
To cor	ntinue present regimine.
	1 prognosis is poor.
Ralph	J. Ciccone III, M.D. FCCP
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4/29/0	FNIF TO A L-+
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ME:	ROOM:CHART #
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NAME: ROOM: 130A CHART#

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NAME:		
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<u> </u>	
Pul	monary Medicine
Na	me: Karron,M Date: 4/15/08
Cox	e discussed with staff on rounds.
	tilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	rological status the patient is awake and alert
	nodynamically stable.
	re is no evidence of acute infection. ent is not weanable from mechanical ventilation.
	s is secondary to severe COPD.
	continue present regimine.
	rall prognosis is poor.
D. 1	LI COM HIND FOOD
Kal	ph J. Ciccone III, M.D. FCCP
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NAME:	ROOM:CHART #
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NAME:	Karran, M ROOM: 130 ACHART #
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	Then The cold ()
	SILVERLAKE-KARRON-000178

	INTEGRATED PROGRESS NOTES
NAME:	ROOM: CHART #
DATE	
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Pulmo	nary Medicine
Name:	Karron,M Date: 4/7/08
Case d	iscussed with staff on rounds.
	tory parameters were reviewed. Vital signs were reviewed.
	eptable
	ogical status the patient is awake and alert
	lynamically stable.  Is no evidence of acute infection.
	is not weanable from mechanical ventilation.
	secondary to severe COPD.
To con	inue present regimine.
Overal	prognosis is poor.
	1//
Ralph.	. Ciccone III, M.D. FCCP
See Built	(2 in Marilly Mines Mates
M. Missing	Resident condition; that family significant other interest in discharge her cognitive skills fin daily de concommaking is moderately imparred decisions pook cues, supervision required. Both shintand long town memories are impaired vision is impaired with the Use of eyeglasses, magnifying glasses, die is sometimes Understand S. Heaving is adequate. In Bothing
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	Cognative states for many cultimaterial is moderal of or moderal of or common participations participations of the contract of
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	secondary to Yorky catheter \$18 Fr. Has low participation in recreational
	artivities die to humsbuly. Resident is speakled by stoff. Uses two and
	Suprists sit and side and side tracontrant of Bould and contraint of bladder secondary to foly catheter \$18F7. Has low participation in recreational artivitis due to immobility. Resident is speakfed by staff. Uses two and half side halls in bed for solf pusition assist, will contine to absence — Hadru Gr

Form No. 8L-248 TIME DATE

SILVER LAKE SPECIALIZED CARE CENTER

ROOM # CHART #

ROOM #

NAME

## INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER ROOM # 1304 CHART #

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TIME	hill Stimule - DOB - WIC Feemily Vicined.
	Apelite regularition helter men ital rock
	C'hannou man an a
4/5/08	Respiratory Care Note: Pook Resident off 61 PM or tark for an hour + checked Sat. Sat was 9870 HR was 63! Therapist is Begging Resident off the Oxygen. On Stefanelli prost
7-2	of charles of the first of the state for a from
1.5	10 th assistant and what is the age of the pergring besiding
Calal	off the oxygen, milli port
9668	1 (1) (1) (1)
630	VIS 98/3 PML 78/2. 491. BP 130/80.
	Resident assurance 100 / 100 (1
	Or Soun 1 971, Carel by Kerepist
	prise in the foresty Caldie: 46/mg BP 9/6
	Coul Continued on control Residen 200
	alext and Sespensive to all samuli
	6. Shackir
41/18	7.04
MILAM	Resident wird by Brund HH Merry lass
11/1/10	The ISE MALLA BY ON VIII DO
	Who ists Paller of Valle Brondeller & All
	ganison geng ga x soup amplee a con
	Manual Congrat of the meneseer
	118 - Dantin wall long
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1	

Form No. SL-249

#### INTEGRATED PROGRESS NOTES LVER LAKE SPECIALIZED CARE CENTER

	// SILVER LAKE S	PECIALIZED	CARE CENTE	R	
NAME_	KANNIN	ROOM #		CHART	#

Charles and the Control of the Contr	
DATE	14/2/08 NEC - Seen OD Pulmonary munde
TIME	Long DD x solays, Man returno one clair
	I have a sol x ordance the an we herented to so and it.
	Jamp on a source of charge
	P. Mango.
1113	of hed
( (	= 100 6 ND 110 XICL ON C 3 SOO CHOOLIF
/	oregrid ont's tom of evicon & Convent tx - P. meimmen
4/4/	
7/11/	Mary Carlled to nee Consider to and and the
78	1 10 as must 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10
	resulty. T-997-76-12 B/P90/60 - 02 447982 X me no suspiratory clishes, U/B o C/S pendin Sporte, +0 Dr. M (Carla, O released CPC BMP in AM. 10 Start IVF. 45 N/S /orocc & 82.
	In no respending listers U/S a C/S
	sending sporte 1 to M ( larch . O relevel
	CACAMP in AM. 10 short IVF. 45 MS love CC Q 82.
	It still betherene in 8 her. Send to laspille
-	Mold Molopull and Resperded tonight. Son
	2 stiles of Plane
26	1/20 1
alle	1 VIII
(	Resident alent and responsive to strimit IVF /2 NS
	Started as Ordered. IV-line infail and patent.
	IV site No instrybrodium. No apparent distress noted
	will continue to monitor - V. comment
11 18 15	Respiratory Care Note
1100	Deliver the december of the at the at the
6,30 Al	Resident Started desaturating at 3 Am. 02 Sat
	1 to 541/1 1 HR 52 . Pt was Enchaned, given Alberterof
	TXX2 + placed on H-tank (9 6LPM 02. 02 Sat
	1 to 97-98 / , HR68 E+CO2 28 months, RR12. Pt stable.
	Still remaine on H-tank. Will continue to monetos
	for any changes - Whites
. / ,	
110/0	11162
13/10	
11/2)	WENfeltruted removed to bethank
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	feel legitet had existed up desidealing
	as along motor. 1/1 stable, and
	int to pleselit in plotter
115/1	The state of the s
10/01	Do siden & awake alert and responsible to all
/	
	Strondi Not lethame she is in her usual mood.
	To obtained from Do M' Certify to DEC IVE;
	will continue to monitor If bechungen
THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS O	

#### INTEGRATED PROGRESS NOTES

NAME KARON MONION ROOM # 130 A CHART # DATE TIME toilet, - mut -itian = weam able

NAME:	(Coshor		_ ROOM:/5	0 9CHART #	
DATE	Best Care no	4 0			
TIME /			tel.	Orsat 1 to 841	4
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	esc BMP y	IACGS,	6100d	cultury coil	
2/2/10	clasely his	Duri40?		F. Tolor	
3/31/08	$1 - 1 \cap 2 = 1$				
1 80 M	110012.80	00 100/10	Hell.	nel d'alling accour	
	Manual Contraction	K TURIAL	no co	Maux .	
	at almes a	twin Siles	superil		
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11				0 0	
7/1/08	NS4 -				
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4/1/08	Speech				
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\_\_\_\_\_ room: /ЗОН´снаят#\_\_\_ NAME: KARROW M DATE TIME TM2. 1019 cm 611 486

	, )	INTEGRATED PROGRESS NO	TES
	War.	SILVER LAKE SPECIALIZED CARE	CENTER
NAME	KUMON	ROOM #	CHART #

DATE	
TIME	Speech.
3 28 0	Resident's Cuff appears to be broken. Resident
	well have truck D. Will difer full losef
	confil track b. CRedden
11	At the same of the
SPORIN	1300
3.14	I km 1 to 145 for more appropriate environment.
	ramily notified by social services wel transferred to
	Threat, unit a gill of her helpingings. & ryp gustien
	MOTEGI WILL DELS
012010	Social Sirce
2/28/08	
	to BOA co ple was una port note, buy
	1000 Con all all all all all all all all all al
	nothed All belinging more! Mill
	siene infotable when new nom.
	Sillin to AR
	nersing
3/28/08	Roceived pt from 2B Vent Unit, nesident
Jopm.	about and responsive to all stimuli von to wichair.
	gleat dependent appetité de by dration sond.
	Able to freed Self & assistance & Superiusion.
	Incf: of B&B. good stein (pericone provided
	9/15- 97.8-80-12. B/p. 130/80. Mespiraling Care
1	om wided. will observe closely - fredbricker.
Jallo	a A to Australia and a second
7/3//V	& BUSP of Clerk TUAL.
PAHI	Medident sport charge of to broken
	Bollow to the service of a spriley to injected
-	o no difficulties of stepling (roje ( Bs))
	181 E Mill SXI Dels 48/ With closely molurory
	Resident is a get to the I amoiet for nosified
11	of flower
2/22/19	Cherry Levie 140+1.
7/2/100	Their Went than this soft of the fat to So/s
-/-/	THE 120 WIND Placed will be via H TANK & 186 PM
()	Las I to 95%, Her villo, verin, SX & hox mich over QL
	1100 Juich HOULDON, J. D. h GIPM, lake 93-94X
A.	to district a this time, will closely merrito?
The state of the s	7. Form No! 81-248

# INTEGRATED PROGRESS NOTES NAME CHART # DATE Pulmonary! - a soue reviewed. At eval & the pulm state? Ven 8 parameters, pressures Oppositional Change TIME oken assessed undertach hol the sulm stat muti, tiona loupport con tinue 10 have

NAME:	Karron, Mario ROOM: 246 CHART #
DATE	
TIME	
Soldie	Social Sirco:
	Miskwas Management,
	iden 237A + 232B , Famely aware.
	comfortable in her new noon
	- Hunta Att
2/14/08	Ibreal Stres:
31-1109	Mok was morel from
	232R to 296A . Tamely notified
	all for a son a son and a Miles to
	Diemo confortable, in her row noon.
	Mark is now wearing mitters
	as she is pulling in troing tarmey
	Diems confortable in her row norm.  Misk is now wearing mitters  as she is pulley in troing tarmely aware AM to the as needed their the
11/0/08	A = A + A
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	Devicour provided THE & So CONTANTY OUNCONNE
)	Will and to not legiport provided a couling
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3/9/0	PRI LEVEL ON THE STATE OF THE S
0/1.1	EATING
	TRANSFER T ( W
	TOILETING
BLOOLUR	
Spm	1 all: 984-78 12. 6P 136/74. Pel. Coop by Duom.
7/110	M.D. Hord PT. re. eval for res. Media Leeds
	to were according & Dencare provided, Taposo,
	All care rendered o 1eto descrip noted will
	OH //

NAME:	Marin Karrol ROOM: CHART#
DATE	
TIME	·
Pul	monary Medicine Date 3/10/08
Na	me: Karron, M
Ca	se discussed with staff on rounds.  Intilatory parameters were reviewed. Vital signs were reviewed.
Ve	ntilatory parameters were reviewed. Vital signe
	P acceptable eurological status the patient is awake and alert.
Ne	aurological status the patient is a war-
7	emodynamically stable. here is currently no evidence of acute infection.
Pa	dient is not weanable from mechanical ventilation. Very poor spontaneous effort.
Th	is is secondary to severe COPD. She has
	continue present regimine.
0.	verall prognosis is poor.
	ph J. Ciccone III, M.D. FCCP
BOILE	Honthly Nurses Notes
3-11	Resident, family, significant other interestin discharge continue to
	Resident, family, signifanct other interestindischarge, continue to in an SNF setting possibly hencognitive skills for daily decision making is moderately impaired decisions poor, cues supervision requi
	making is maderately impoint desiring and cure supporting ways
	both short and long term memphies are impaired. Vision is impaired texted
	Use excellesson med milling glasses. In speech has the ability of Understand
	in Batheng Grooming, chossing and pericare with the assist of two persons.
	in Batheng, Grooming, chossing and pericane with the assist of two persons.
	Total dependence in and care Requires two more people in transfer due
	to weight and vont dependability. Resident is charf attend wheeled in wheeleft in
	In bod ma belity resident is totally dependent both supero to sit and side to
	side incontinent of bladder and bound In Rocheational activition has low
	participation due to immobility spoon fed by staff will absent - Mactor w
3-11-08	had able of the prom On Kloba las hand mittens PRN bologge grown
Mso	house lab 15 minutes lab consense l'huaine and Romas l'omation be can l'
1420	hours for 15 minutes for portand hygine and Range of motion because of softy and resident is pulling out tubes — Michael Tadho Gore
	and the same of th

VAME:	ROOM: 130 CHART#
DATE	V/s 983-82-1298 110/60/037 T Awlox/Reception  of progress for RIC programing no advence reading
TIME	V/s 983-82-1298110/60/037 C Avolox/R6 cepting
5/10/08	progress for RIC presposite. no adverse reading
61.	16/6/
	Con product Will month - 120/60 MBT Continue
05/11/	1 189 cts 98 80 12 anut 98/ 120/60 BBT Continue
Com	= Anelox / Kocephin 10 P.B. o prepris HIC infeltrales
\	HIL resetted (D'Leg. No adverse reachin. No dutse
	hoted this bush will continue to money - Athaniel
5/11/08	Nunsing
3-11	Us 994 7818 Resident on abelox and Rocephin 142B Jon RIL
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	infilithate all due Medigiben and thenated well Family at bedide which made comfatt cooling hed will abyone - Major you
5/12/2	3
1140	8 255 45 99 - 78 - 16. 97! 120/2 TUMB Z Avelox /. Roley TUPB for Rli infiltrate. no actives reaching
077	TUDE TO PLI I THAT ME THE COME TO THE CONTROLLY
	TOPB for RIC infiltrate. no activers reachon
	notal. Hh & leg infiltrages reansented on B
	71000
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ME:	ROOM:CHART #
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	SILVERI AKE-KARRON-000191

NAME: /angn, M ROOM: BUA CHART#
DATE
TIME
Pulmonary Medicine
Name: Karron,M Date: 5/12/08
Narhe: Karron,M Date: 5/12/08
Case discussed with staff on rounds.
Ventilatory parameters were reviewed. Vital signs were reviewed.
PIP acceptable
Neurological status the patient is lethargic  Hemodynamically stable.
There is a pneumonic process.
Patient is not weanable from mechanical ventilation.
This is secondary to severe COPD.
To continue present regimine.
Overall prognosis is extremely poor.
1 / Va
Ralph J. Ciccone III, M.D. FCCP
J13/08 N-55
6A 45 981-80-12. 97! 100/20. ZNAB T Avelox/. Roce
Crit for RCC infulnate. no adverse reach a not
B fort H/c in tait, good sk's come a per con
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05/14 dsg 05 > 987 84 12 mat 974 110/60- 1057/ miles
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Gren to 6 pm. In adverse reachin hele in the - BThen
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VIS-100 80 12 110/60 cooting mo asure
provided Roy bougrade Gremss.
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lax-dose of Avelox given a) 10 am. Apelite Hydraution good-
2pm Temp 90.6, moniter closly: Framm

NAME:	
DATE	15/10/68
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	andles The cleaned & US & hydro och
	12 cream applied à l'aire d.
	with her Up walnot for to
	hack, Reit in S/P ABT a rocephing and the claused a so regard outs the even appried a deciper so. Will have Up Ivaluate for the
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5/16/18	N 54
3-71	V/5 982 180 R143/P 100/60 21105/p And & delayed
	advags regition -
11/08	Morsing
	Skin under porch holder checked and
	intact. SILVEDIAKE KADDON 000103 Humanum

NAME:	Karran ROOM: 130H CHART#_
DATE	STROGENEZ-VIS-100:17812 100160 Cording measures provided Earn Temps POFICIALS ENCOLVERGE OF Depro Temps 988 monital Elos Ly Musing resident is monitored on hight emperative VIs at 4 pM 99.7 74 18 Visited by Family members, Meds given, Chean applied to back for main will observe — Hichool Todros you
TIME	Cordino me el sures providad Cerntemos
	POFICIALS ED COLLEGE OL DOTO TEMPS 988
	monitor Elosly dingran
5-18-08	Musing resident is monitored on hight emperative Us at 4 pM
	99.7 74 18 . Visited by Family members, Meds given, Chean
	applied to back for warn will absence - Hickoral Tadras you -
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ME:	ROOM:CHART #
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IAME:	Karron, M ROOM: POH CHART#
DATE	
TIME	
<del></del> ,	
Pul	monary Medicine
) T	F
Na	ne: Karron,M Date: 5/19/08
Ca	se discussed with staff on rounds.
	tilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	urological status the patient is awake and alert
	rodynamically stable.
	ent is not weanable from mechanical ventilation.
	s is secondary to severe COPD.
	continue present regimine.
	erall prognosis is extremely poor.
	Me
D 1	The state of the s
Rai	ph J. Ciecone III, M.D. FCCP
5/211	Monthly assissment note. Resident remains went obependent alect and owen to att-periods Confession Short / Long momory impaired lugnotive Stills for deceseen making impaired. Usion impaired uses ey glassios. Hearing adequate. Anxion as in princed bodim ours. Jep monitor in place at all times. Jep Ativas iman Po Sto Par to an ances Com E ellect. Hears well
No	dependent alect and other toxy-periods Confusion
	Short / Long mamary impaired lignitue Stills for
	delector making impained. Usion impained uses ey
	classos. Hearing adequate. Anxion attonis wied to dem
	BB. Jep monitor in place at all times. Jap Atrian
	Imam Po. S. 10 fla for anales Com = ellect. Heins lovery
	Imam Po. 360 PRN for analog gran & effect. Sleeps well
	at night: Total dependent all areas of Bols & two
	assist path one & duessing growing and Cone and
	pericane. Two person assist for townsfers our work dancy
	as televeled. in Contract 4 BIB. frequent deaper changes Sun care peri cae possided. 22 Side rates of when in
	Skin Care Pen Cae formaled. 22) Side Nauls I when in
	bed for formation, porpping up, fegular out 3 moots or
	day & Day Set up and assist - loudert was on ABT
	Election / Prelix XIoderyn 1813 To Preumoni and
	Completed. of Stable and mon med 915, weight up
	monitored menthely Cerrent wit in 14 wills. Will Continue
	to manish - Bilings

NAME:	ROOM:CHART#
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	Dencare Dro Model. Show Lend. 100. 7. Cooling
	measure contined complete por care
1 1:	done will absence closely - The dinner
5/24/or	mine
	Mendent Continued to here low grade fever.
	obtained on or a Certh for Chel, But
	CXR WITH Manitory Structure
	COIL - WIM - GOVERN
	SILVERLAKE-KARRON-000197

DATE	1-
DATE	Staylog- Nog-VIS-100,5,8012 100/60
TIME	TILLOMON & COOLING Me a sine & DODVICLO of
	pofluids encouraged + tolesate al well-2pm Temp 100% - Tylenol & Cool!
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	the a manual tree the all alone Demolin
	meniter closly - loss pendin
	manifed to sig themen

	7122070 - ROOM: 130 A CHART #
DATE	
TIME	
I IIVIC	
	. "

NAME: Kannon U -25-08 CHART # DATE TIME Pulmonary Medicine Name: Karron,M Date: 5/25/08 Case discussed with staff on rounds. Vent latory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is awake and alert Hemodynamically stable. There is no evidence of acute infection. Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. To continue present regimine. Overall prognosis is extremely poor. Ralph J. Ciccone III, M.D. FCCP seem and evaluated on philmonary rounds 5/26/08 SLC-110 2-8/0 Franklin Printing 718-258-8588

NAME:	ROOM:CHART #
DATE	
TIME	Non-professional care hazardous due to circulatory
ì	impairment.
5/28/0	Findings: non-palpable PT pulse
2/20/0	feet red on dependency
	absent pedal hair
	thick, elongated toenails
	Impression: onychauxis, PVD Treatment: trimmed toenails
	Recommend:prophylactic foot care 2-3 mos. for PVD
	Recommend.propriylactic foot care 2-5 mos. for 1 vb
	O PATA
	Per 1
5/200	Il Control of the con
1045	Olin Miller on (L) leg. (1) Woodlevel
	Will Regulet 201 Ix - Ser Co Ocen
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DATE TIME

	ROOM: BO-A CHART#
DATE TIME 69003	perspeare note: Routine from change done as per the policy of sesce with the same size # 8 shows per frech with out any distributions of shorely noted. Ozsex 98 y. No rep distributions a sed will control to mentar. — of Joseph Art.

NAME:	Carpy	ROOM:	CHART #	
DATE				
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Puln	nonary Medicine			
Nam	e: Karron,M Date: 6/2/08			
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	discussed with staff on rounds.			
Ven	ilatory parameters were reviewed. Vit	tal signs were reviewed.		
	acceptable	11.		
	ological status the patient is awake ar	nd alert		
	odynamically stable. e is no evidence of acute infection.			
	ent is not weanable from mechanical			
	is secondary to severe COPD.	YS/IEITEITY/II		
Тос	ontinue present regimine.			
Ove	all prognosis is poor.			
	- f// /			_
Paln	h J. Ciccone III, M.D. FCCP			-
Kaip	ii J. Ciccone III, W.D. FCCF			$\dashv$
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AME:	Celiron		ROOM:	CHART #	
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Pu	lmonary Medicine				
Na	me: Karron,M	Date: 6/9/08	4		
Ca	se discussed with state	ff on rounds.			
		were reviewed. Vital sig			
PII	acceptable				
	urological status the	patient is confused	The state of the s		
He	modynamically stable	C.			1
		acute infection.			
Par	tient is not weanable	from mechanical ventil	lation.		
Th	s is secondary to seve	ere COPD.			
	continue present regi				
OV	erall prognosis is extr	remely poor.			
	11/				
	1/2				
Do	ph J. Ciccone III, M.	D ECCD			
	ipii J. Elecone III, IVI.	D. FCCP			
2/1/	1.				
3-11	MORXADU	alusing M	ote: -	A	/
9-11	Resident	13 0006 A S	Drientod	to por	ods
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Nan	ne: Karron,M Date: 6/16/08
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	rological status the patient is awake and alert
	nodynamically stable.
	re is no evidence of acute infection.
	ent is not weanable from mechanical ventilation.
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	continue present regimine.
	rall prognosis is poor.
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Nam	e: Karron,M Date: 6/23/08
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	discussed with staff on rounds.
Vent	ilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	ological status the patient is confused
	odynamically stable.
	e is no evidence of acute infection.
	nt is not weanable from mechanical ventilation.
This	is secondary to severe COPD.
	ontinue present regimine.
Over	all prognosis is extremely poor.
	11/2
Ralp	h J. Ciccone III, M.D. FCCP
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NAME:	Karron, M. ROOM: BOA CHART#
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Puli	nonary Medicine
Nar	ne: Karron,M Date: 6/30/08
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	e discussed with staff on rounds.
Ven	tilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	rological status the patient is awake and alert, she can be extremely agitated at times.
	re is no evidence of acute infection.
	ent is not weanable from mechanical ventilation.
	is secondary to severe COPD.
	ontinue present regimine.
Ove	rall prognosis is poor.
Ralı	oh J. Ciccone III, M.D. FCCP
7/1/08	
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	should cominve skill co deely
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NAME:	Karron.	ROOM:	CHART #
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Pı	ulmonary Medicine
N	ame: Karron,M Date: 7/7/08
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	ase discussed with staff on rounds.
V	entilatory parameters were reviewed. Vital signs were reviewed.
	eurological status the patient is arousable
H	emodynamically stable.
	here is no evidence of acute infection.  atient is not weanable from mechanical ventilation.
	his is secondary to severe COPD.
To	o continue present regimine.
0	verall prognosis is poor.
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DATE	RESPIRATORY THERAPY DEPARTMENT ~ LTV VENTILATOR CHECKLIST
TIME	
1	Date: 7/10/08 Pt. Name: KARRON, M Room#: 1304 Vent#: F20920
10/08	Alarms Functioning V Pressure Check V Rate Check V Filters in Place Volume check
1.	FID2 Concent. Check Patient Query Off Low Pressure D2 Source On SBT Off
	Leak Compensation: DN 🖒 D2 Conserve OFF 📝 Control Lock Hard Position & Patient Assist On Pulse 🗹
	Alarms: High Pressure Limit: 55 cmH <sub>2</sub> O Power On Self Test
	Low Pressure Limit: / C cmH2O Alarm Audible 85DBA
	Low Minute Volume: 3, ○ cmH₂O Display Test ☑ Leak Test ☑
	Control Test Vent Inop Test
	Extended Features - Alarms:
	Apnea Interval: Seconds  High F: High F Bpm Seconds
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
	High PEEP: High PEEP
	OFF or- cmH <sub>2</sub> O
	Low PEEP:  OFF -or- cmH <sub>2</sub> O
	- High Pressure Delay: No Delay   1 BRTH -or 2 BRTH -
	- LLP Alarm: All Breaths -or- VC/PC Only
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NAME: Karron Mania ROOM: 130A CHART#\_ DATE TIME un T.O. received for Franklin Printing 718-258-8588

NAME:	ROOM: BOOM: CHART #
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	& Swelling RUE - will start and observe
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7/16/08	Pulmonary Rounds: - above reviewed - data bese reviewed.
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	orders hade landon son called here
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NAME: CGYYM Mayran ROOM: 1301-CHART# Dlace Fee alines me als giver DATE EUVING- HIL interet- WAB Avelox Receptus TIME as ordered. Kept N. P.O. VIS- 97.6 ca 14 130/60 moniter closly. 7/16/08 Dieter 0 x enserted tolerance. 98 76 16 95th 110/70. NG Jube Intact & Palit Feeling toleraled well. BBT & Mules 400pm INPB OD GIVEN on Du order No chotous Hris hu. more head clinks esiglent a lest Oriente al longino re spon sive to all stimulion Neptube intach alink me ale tolerate al well WAR Avelox Roce phin Fex preumonice entid- N/s- 99.8, 76.16 100/60- monitor closes SLC-110 Franklin Printing 718-258-8688 1660 100/60. AGG NGT intact, Leeding To Well. TVBB Z AVELX 1. Rocephin cont for Ru Mean SILVERLAKE-KARRON-000226

NAME:	ROOM:CHART #
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	previous x-ray per lighteine ordered to The
	CXA abdiment chest for NOT placement
	18333
	SILVERLAKE-KARRON-000227

NAME: Karron mario ROOM: /30 A CHART #\_\_\_ 08-NSP 98.6 SO 16 110/70 NESTUBE DATE TIME Tite of well. Flu x-ray dene results penaling - IVAB Avelox Rocephin 'd- Resident alest Oriente al to responsive so cell stimuli-monited 9/15. 993-80-16. IVAB, Avelor / Rocephin in program. no adverse reaction noted. No Tube implace palent. Tube feeding siven and lateralid. Love Bonx Strin / pen care, Siven positioned Ocholy made comfortable as much as possible will months closed disq c/s > 986 82 16 96/4 110/60 agricum Continue Sime effect - Hand metter in place feeling to be alie well. More tredelidyof tube Palent. : Will Monetor in proposed for RLC 12 am 987 78, 16 Sat 96 B PATOTO Rolephin valups continues to Rt LLinkHeration NG tribe in Lack, Patent. The aline given use Granty at 2 cm and 6 am. Tolorated No accate dishols neled. Franklin Printing 718-258-8588 will mown for - Stendently CORN.

NAME:	ROOM:CHART #
DATE	Monthly NUVSING Assesementi: - Regictul- residens.
TIME	Vent dependent cognitive stall for daily deasons
7/22/08	making or moderately impaired. Short and Longton
20m	memory impaired. Vision impaired uses eye glasses.
	Resident - Some hines and stood and sometimes worder
	Stoods. Hearing Adagnate. Total dependent with
	Stoods. Hearing Adequate. Total dependent with two state assign for Bathing Dressing growing
	Pericare ete. Total assist for oral care Two or
	more people ned for transfer due to Vent deposabut
	worable to assock ele. How contractures of Rt ant le
	It ankle, ook to wheel chair. Total assist lest
	to Mability. In contract of Bowel and Bladdes.
	In constant care Provided by State. Increased Agitation
	at times noted. At van Ing va Cita Q 6 holy pon
	to Postation continues. & side ranh of whom in Bed.
	Respolut is as N G tuke feeding va Grabby to som
	7/15/08. Recional water Palmonary 250ml Q 4holy and
	100 ml Ho de PC. Cartinues on the Respondent for Agrifordies
	and paroxetine for Defression. No side effects noted.
	AB thoras y Adelox and Rocephin na Wis carping
	for Rt LI cinfilteration from 7/14/08. No adverse
	Treachais noted. All hear annipoled by slats.
	coment w - /46 (bs. Will mon'to - Alexanty or RN-
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1	SILVERLAKE-KARRON-000229

AME:	ROOM: 180H CHART#
DATE	
TIME	
D. I	
Pulmon	ary Medicine
Name:	Karron,M Date: 7/21/08
	scussed with staff on rounds.
PIP acc	*
	ogical status the patient is confused.  ynamically stable. She now has a NG tube for feeds as she was not tolerating oral
	She should have a PEG placed for feeding.
	is not weanable from mechanical ventilation.
	secondary to severe COPD.
	dinue present regimine.
Overall	prognosis is extremely poor. To continue antibiotics to full course.
	M/wel
	Durk
Ralph J	. Ciccone III, M.D. FCCP
7/22/08	NS5
1 6 AL	4598 -84-12. 30/60 - ZUBBI AVELOX / Rolephi
	in proper on BU Programs. Mo all lens leaden motel. Ht inter NGT intert. Tal Well. Will cont to marion closer guyl
	Wall will cont to man'n all many
	ace. and conf to man on ce say - goge
07/23/ N	1sy 6/5 = 95 83 16 964 1660. NGT Intertand
Em po	Lent and tolerated well. BBT - Melos / Relighin IVPB
Le	normal money mary no all Eless Allupon heter.
- 6	HIL I Hay - ho shis tous who this bus _ BThorse
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7/23	
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In	Man advisa (8 Long Oton C. To da Cyre IS. XXT IN 19
1/2	S-100 By 16 Report temp 100.

NAME:	ROOM: /3017 CHART #
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1 1	The given (a) pri
07/241	for Pneumonia. no ad verse reachon hered. Ny tube 12tao
	affectent and feeder toluneed and well well obs - Athan
07/26/28	
	Nondrit is continued a NGT feeding and
	tolerated well well a grafuel alt gain
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7/26	and the second
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	resealed ACT fleas Will montoon
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7/27/08	me asure provided of for low grable
	VIS-100,76 6 100 160 Cooling
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	me als tolerated well-spin Temp
	98.8 monital Closly e. maimon.
7/28/08	N 62
617	45/00 - 87-16 911. 115/00 tylend & Cald
	Reflere pash grue (3) 12 how. Na further feeling
	to monitor Terp; 391 9 4h. Cill Con't
	To menitor
	SILVERLAKE-KARRON-000231

NAME:	GYTON MONTON ROOM:CHART#
DATE	
TIME	
7 28/08	Med Nou
1 70/00	
0	See Cyly NSO
10	The Grand of the Control of the Cont
7/28/15	Podiatry Note:
1100100	Non-professional care hazardous due to circulatory
	impairment.
	Findings: pedal temp change noted; thin, shiny skin
	feet; feet red on dependency; absent pedal hair; burning in toes periodically
	Impression: onychauxis, PVD
	Treatment: trimmed elongated toenails
	Recommend:prophylactic foot care 2-3 mos. for PVD
	Podiatry Note:
	Toenails are dystrophic, discolored, brittle and
	thick. Mycotic toenails are painful and may cause
	secondary infections/ulcers if untreated
	Impression: Dermatophytosis toenails
	Treatment: Debride toenails
	Recommend: Foot care 2-3 mos. for mycotic
	toenails
	VI AMA
	for VIII

ME:	ROOM:CHART #
DATE	
TIME	
	/
/	
	SILVERLAKE-KARRON-000233

IAME:	CONTON MOOM: 130A CHART#
DATE	
TIME	
Pul	monary Medicine
CMo	ne: Karron,M Date: 7/28/08
INAI	ne: Karron,M Date: 7/28/08
Cas	e discussed with staff on rounds.
Ver	tilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	rological status the patient is lethargic
	re is no evidence of acute infection.
	ent is not weanable from mechanical ventilation.
	s is secondary to severe COPD.
	continue present regimine.
	rall prognosis is extremely poor.
	A/
	A/p-
D -1	The Control of the Management of the Control of the
Kar	ph J. Ciceone III, M.D. FCCP
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1	1500 D BIMEDaralo
2000	NSP
	VIS-100:4 80 14 100160 Cooling
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	remps. Nestinback Fee as inos (mode holerate of avelo- spin temp 9808
	monited closely C. marros.
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Giri	who fund with cities 109 tube 1 wait - feeding to charles
2/2/	Well. Aptiemp - 99.4 no dis tous noted this him - AThere
1 2010	11 50 000 11 11 -12 - 000010
	VIS-100 80 16 100/20 Cooling many
	over valout grade Temps - Mes Tulo
I	movide of fer loutgoed Temps - Mestula near Fee deines me als volesqued well - spm Temp 98, menila closely
	well- spm Temp 98, monitor closely
	( D. monra)

NAME:	Kelmen: ROOM: CHARI#_
DATE	N59
TIME	US 1004 - 80 - 16 - Spinged Ball -
7/200	9 type flush as ordered NGT
1000	grupe fun as ordered ny
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	tolerated well - flation out
	Good Sky & Der care made
	Canfordable 8 m T 99
	LAM X 3 (P) B& Destions
,	Inlact + Putent Prat hee dings tolorated well - Platich orls good Skin + Per care made tant flatte & T 99 LBMX 3 PAS Deptiers Made Confable
7/20/198	
1300	Resident closes make
	complete of the contract of th
	RIC - Tab monitor ble of From RICA
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- 31 ET	Bre al- Continue vo monited Clossly. Timemprop.
7/2/100	
	Resident note d'Exconiation
	on the sawar great To receive ofter
110	on the saward great 10 received for Silvaclone & Sports wash X2 alles. f. marmon.
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	Desident hoted & LBM'S & FOUL
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	Feedings me als role rate of well.
	monitud Closly. I maimmen
0821	5 NSQ U/5-7989 84 10 Dal-956, 110/20. LBm= foul
6 m	octor. Shot and dup # 1 Speinen obtained-harry
	I whach a feeding tolerated well, Athera
88	200000000000000000000000000000000000000
100	1000 80 10 100170 Repeat Como 98',
	what feeds 400 atod & distross.
1	USA MONITUR - , SACOCOCAD-
8/3	0/00/1
GA	HOW C- GULF X2 dotained SIM WOLFN-
8/3/08	Resh Care:
	TRick Charged on hur Relich O 2no insertal
	# 8 Det 15 and slikeholly no bleely
	BS believed officer Robertale on
	SILVERLAKE-KARRON-000235

NAME: KANDON   NOOM: 130 B CHART #
DATE 1813 08 DUNDING 6P TIME 500 (-BU (07) SOOKE CAN MY ARTHUR A FLACUL
TIME 1 Stool C-Sul (1+) Spoke Chr Menthy ordered Fligge Domy 98h x Parus LBM'S with Midwar yor of Illiamines Massal
8/3/08 09:30pm Newsing: VS 99.482 16 B/P 80/65.151 dose of Flagy 500mg administered. NAR noted. Will continue to monitor. APhilip RW
814/8 MINSLE
Asen pholosis kn. Pt ut P Shill file à Flyt
V35 - 97.)
PES A, 35 SUT NGA,
A C. D. Pe-col = Playof Son topm
A Syphila (A)
8/4/01 Mysers was seen by Do Kalman for Eval
of fig tube placement. I will place freg when
the family of notified of the confirmt. negate
Cluber and regarding the procedure. and of high
64/08 N=8  NIS-97.784 16 100660 Fluggl  For & Califf' contal - Nest intact  Cee elings   me als rolesanted  well- 5 hod Califf #3 obtained  Monitur Closy.  Sylog Placed Airmentinese on the beal 10 lowerste
cee elings me als rolesanted well- 5 kod Califf #3 obtained
8/4/08 place of Airmenthrese on the beal 10 promote
SILVERLAKE-KARRON-000236

ME:	ROOM:CHART #
DATE	
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	SILVERLAKE-KARRON-000237

monary Medicine
monary Medicine
monary iviculation
me: Karron,M Date: 8/4/08
se discussed with staff on rounds.
ntilatory parameters were reviewed. Vital signs were reviewed.
acceptable
urological status the patient is lethargic modynamically stable.
ere is no evidence of acute infection.
ient is not weanable from mechanical ventilation.
s is secondary to severe COPD.
continue present regimine.
erall prognosis/is extremely poor.
ph J. Ciccone III, M.D. FCCP
ph s. elecone III, W.D. Peer
NS9 US - 99° 8 2 16 Wigat 946 110 160 1. Flag 4
Continued In C. eliff. CBMX. NG take Intertaine
Entraced on C. deft. CBMx. Ng tabe whent and feeding tolucited well. Will about we AThough
Medico
Ct Drd - C. Mitt.
Diarrila unpuruly
To Whel wheat All
TO CORED WHERE I THOU
to unelyd.
My out my on
Mr Cidill B
- count Playy!
- impunicy
1

NAME: Karran. \_\_\_\_\_\_ ROOM: <u>/30 °</u> CHART # \_\_\_\_ TIME 3-11 V/S. 98 - 88 - 14. Flagge Confined for c-diff.

S/7/08 N/G Tuke feedings given. Love Box x 2. growd stein /peni

Care provided. Turn of & positioned grahaly monde comtable

In bed. will chasene closely — In dente po. 1 Vyn Sold Phan (P) John Am Sh Niwsmi VIS 1299-1 P-80 R-16 Bp 110/60. Continued Msq. 45 > 986 Sy 12 986 100 160, Hagy Mc. cells Lindays lest done given 6 barring und ad positivel Stin Care, dubiti Care point deel. Ng tube interes SILVERLAKE-KARRON-000239

NAME:	1 or your	ROOM:	CHART #
DATE			
8/10/08 3-11	NSel: Ist day S/P ad Skin law & peri ( no suspinatory disturs	t flaget. Cdiff 45 Care provided. N I hated	1993 PX RIG B/P 90/64 16 tube in place. Jegullyo RN
Chile V	(D) 2 ( a ) ( )		
8/11/08 10am	noted liment urt.  101/18. urt & since la  nutulinally inray  She is also received  good shin integrit  hitution supple  nermal. built c  as ordeed & later  feeding taleance	stempin intact of Signiflureleves a j401hs. \$19108, 15h st not. 819108, 15h st not. 8000 1/18/0 reficent. Good is grated idi mocco et. Immel more et. Immel more entime kx feed ated. Will mon	of feeding is  fang malakinplus  1-19.3. 51/x. LIBRU  18. Labs \$102/08.  hin and hydralim  170 to memerican  erals for additions went is reported  unit is reported  unit therepelement  ith net cherries;  abs. Shin condition
8/11/00	Pl seen Q Sell. Pl in She USS-less ME a She for a Colo	ha Oly	
	A Oly Ski tor	Monly Tx / Promy	

WE:	ROOM:CHART #
DATE	
TIME	
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IAME:	MUM MWUM ROOM: 130P CHART#
DATE	
TIME	
Pul	monary Medicine
Na	me: Karron,M Date: 8/11/08
	se discussed with staff on rounds:  ntilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	urological status the patient is awake and alert
	nodynamically stable.
Th	ere is no evidence of acute infection.
	ient is not weanable from mechanical ventilation.
	s is secondary to severe COPD.
	continue present regimine.  erall prognosis is extremely poor.
	ran prognosis is extremely poor.
Ra	ph J. Ciccone III, M.D. FCCP
MOX	DWww. 2P
1100	Resident peer by be accore on Palmonar
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111/1	Kounas: Cott Others of April Hesse
5/11/9	Part Paint Part Barrier Color
4/1/1	I received that I M. Thurse of the entering
	helladea en 40 (Sey Blue tean 1910) fils your
	Will minite effectedeen 183mm
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NAME:	ROOM:CHART #
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	skin tean h (b) skin tokun tean
	· Mynny
	Mr. O Stem ten O stin
	@ C. Lill @
	- upmend of Flaget
	ON THE SHAPE OF TH
dial d	
8/13/08	Remodel had developed Excernation on sacral
	persolt had developed Exteriation on sacral
	work & Silvadore Cream application Her overall
	condition got worse poor eating decreased
	nobility - Oslan so baple of think. Has CBMS
	and (t) Cidiff Theeled a flagyl soong
	9 8 hrs x7 dens. #How # 3 specimen on 8/4/08
	was regulared rendent still has cons.
	Turn a post on done- Continued on NGT feeding.
	The let length changed to stage To cleans and moit and moit my color. No oder. 532 3x3x0.
	Pereocit 5/825 98 ms Phr available by pour
	Revident is an air meltress. Taken Ook
	as tolerated. Kept as clean 1 dry as
	Dossible. Placed on Question 4gm of 12-has
	to 7 8/8/08 to be of the LBMS. 1/0
	Abtalued from or ne carty to repeat
	Shool for C. diff. will centime & Silvadore
	Cream TX SILVERLAKE-KARRON-000243

NAME: CONTON MAYON ROOM: 130A CHART#\_ DATE Skni O innder Wach-helder checked TIME be mitall - will more for-8/14/08 Medica 81508 Pt & dipulses again 7101 SIR comme 8f Player that and 8/10/08 Pt also E server dealston To what wited, this Plo undind - spacel dearliter upmy Mr. Ddrewber - resend stul altered Decebety . cont and come 8/17/08 Dieten, FIV millevit ominio mineralo. allema lu on 6/08 310. NG Tule timbre charge la Grabe + many properature 200 mil 6 glius flush = 150 ml of Had after each feedings SILVERLAKE-KARRON-000244

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DATE		
TIME	·	
D. 1	M. Jining	
Pul	monary Medicine	
Na	me: Karron,M Date: 8/18/08	
Vei	se discussed with staff on rounds.  rtilatory parameters were reviewed. Vital signs were reviewed.	
PIP	Placceptable	
	rological status the patient is lethargic	
Hei	rodynamically stable.  ere is no evidence of acute infection.	
	ient is not weanable from mechanical ventilation.	
	s is secondary to severe COPD.	
To	1	
Ove	continue present regimine. erall prognosis is extremely poor.	
Ral	ph J. Ciccone III, M.D. FCCP	
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	MOT	Wila	cf t	Octent	- Heeder	~P)
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7-3	weeks de			2 2		-
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	00B-K/	e. 70	Da . W	PBJL	2 will	2
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NAME:	ROOM:CHART #
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TIME	Deetery FILL
8/25/08	Decelo, Ti males.
	Aderem ones reven stage II measurer 3 x 2.5 cm - depth inddened. Local cone
	3 x 2.5cm - depth inddened. Local come
	murded + m mull supplements of two at 101
	I on multivit = minerals.
	NG tube reman intact pasetyped in
	feedings one well talisated. D. O NG tello Pereter
	250 ml Q6 kis. pleish = 150 ml Q H20 cepter
	gaeli feedings min gravily Tatal calories
	1300 fr fdg + 303 fr. Protect 101 Cant Truther
	13in & folg + 303 fr. Prostat 101. Can't frenchen
	Vimiting Cest have resolved of tomet
	scheduled on 9/11/08 for leg placement - AM Aut
Azdis	Neolea
8/20hr	Stell concerned about reduces to (L) allow
1000	x 24°
	de when weld
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	- muld curffina h O chun Int
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	- Wely pressur related An everth & positioning
	-eherron & posimuly
	V

INTEGRATED PROGRESS NOTES
NAME: CAUCH ROOM:CHART#
DATE
TIME dela med - about reviewed
1-1100 0+ 200 c = +200 c
82100 pteral = the chruch
Themit staff
Vent parameters, pressures, O, pats reviewed
O) Jats / Corcwed
(Trach care
) Pula toilet
continue mobilizateon
autitional support
Not wearable (severe cori)
lour prognosis
( ) ( ) ( ) ( )
820 Nat Dung abladed Meplaced but
Suppositions in place of CXD, posting -0
Land Daren o'a to bit in and in title "c
100 CIRULOS IDILI MOUNTON STITO
P/27/10 NS G.
1145PB N&T replaced patient tobictor well - X-Ray ordered Stat for confirmation of tube placement
Jan 11 b
8/28/03 N57
6A 45 98 - 82-76. 98! 11-16. X-Ray abdome 1 chery  Br NG7 placement ordered. Wh D 4 N. S 1-1 3 pr  tire result 3 X-Ray. State (3 1:30 Arg.  enturing bull vin B dron H/L. & po man time?  Will coint to monion - yorgh.
20 1/6-7 De 10-3 De 10-4 TUTE DE 16 1/3 DE
Time the state of
till result of Kay. Started (3) 1:30 AK,
is a sing the many of the state
8/28/08 NSC:
2pm VIS98.6 80 16 PAP 122/70 CYR olone. On DC 1/2 NS FIT
2pm VICOS. 6 80 16 PAP 122/70 CYR done. on De 1/2 NS fill result of CYR. Afto HIL (8) arm intact t injusing well. MPO fill V-ray Nesult. Ho distress noted. will conf. to manif. — Upl.
V-ray result. No dictable parted will cont to manife - 1/10//
they want. It (Weller miles , Mill and I would Miles
SILVERLAKE-KARRON-000249

NAME:	ashen	ROOM:	CHART #
DATE	101		
TIME	828/08		
	Received CXR-Abdone-	NIPtada	in die tol E ankeren
6:30pr	Questionable 4 lung Ct	Si la suite	BI I I I'M
	Abdome - Fled Retulto	T. I.	O Marth
1	Materia - Pelice retiners	+ CVR	inn. Phashi
(A) 20 LO	swifty and will repeat	1 CX C XX	8
8/2000	37/1059	14	DT DTV2 NG
30	15-18-18	in (D)	P
			Mand NgTuBe
	10 p.o shanto	C. Carro	
	marca es agon	agus -	X Ray Fecal
	Retention - 70		ema gues
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	The state of the s	Skyt	Made
	Confortable	Chy (1)	BMcDmalda
	Comfortable		
8/29/08	Nuclear		
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NAME:	ROOM:CHART #
DATE	halou Vinner ale acit en 14
TIME	108 / miser = 4/18. 99 1-80-19.
in: not	2/08 / msing - 9/5. 99.7-80-14. EXR! NE tubo seem up to the level of the Whot of the Thoracce Rosta - NO removed
01.70	Whot of the trade fores - 10 support
/	and replace. CXR in pm. Received to to
	Veep on folding med until X-ray result years
10pm	Veep on kulding med until X-ray result years
,	NIO Tube Re-place of Y-Ray to be done in Am.
	meded teching held. IVF DS /s NS ICOldbu
	in fainy Via Hicacle @ arm. no 3/s of in lithatio not of.
	incl. of B/B good stein / pen cane provided.
	Turned + posihoned gishrif. will choose closely. Theologie
-) 1	
8/20/01	265
600	48 98-18-16. 12482. Nps maintained Tith D' 1/2 Nis
	Il infusor hell. I IAM. He Ram, to be
	der X- Ply i pty & distress noted, will cont
	to mm. the gorffe
95 3005	Decubitinotes.
	Stage II Sarry me asym
	3:5x3cm c redness around it small
	amount of bloodish dowings
	Persists gelling silvadore creamp
	NK wash & S. Ha Continent OF BIB.
	good SILM pericene frequent d'aper
	Sond keep her clean as possible
	WPB once a cole and be albeith devily-
	Drosjat 101 mullivilymon c minerals
	provide al for he aline of Decubius.
	proxect Tub east Prov for pain &
	brod results - Nestube interof Feeding
	Derry Live 2200C RGH 1010 2 602 Well
	Resident how airmoutives - OOB-IRC
	as loterase of Tymod Positioned
	Baloss in he al meniter close (Fersis. P. Meyonman
4/20/05	NS
of sort	115-982 78 16 100/60. NESTUBE
	intack - CXR permoeing - IVFInferer
	well- in convinent come Brown deal-of
	Turne of positioned made her
	Com Fertable Emanor
	SILVERLAKE-KARRON-000251

NAME:	Canton marion ROOM: 130 H CHART#
DATE	8/30/08-10pm-VIS-98:27814100/60 CXR clone Acuaithne fly the results- IVFluids Infusinguell-Decubitione provide d-moniter closiu. — f. momen.
08(31/ 6m	Out N9 tube during B-11 Shift at 10 Pm. IVF 14 using a DSTa y N/S. I like 5 920. HIL relocated, agraphic hotel. Junes ad positive of dubits Care Skin Care formated. Affina
<u>Soliel 8</u>	#12 inserte of Awaiting for CXR-IVF
8/3/18	monited & losty.  DS9  US 99-9-78-16-CX R done this  Tolly - TVT infusing weel &n  Phot Spat CX R Shows No truse  inplace + intect, Ng Tukse intact  gledings + meds given as indered  thelenated mill: O dishess  Nade confortable proconall
691/08 6m	Holonalid mill: O dishes  Made canfondall procountly  HSG 155 - 978 SD 16 730/60 Ng tube what and palut  IVF YOUR SUN 3 (30 Continued - Ng tube feeding tolirected  Well to our true hope This tour- will continue to month piname
9/1/04	MJ I WSle
	Visidesh
	PEGULAR NGT-AM Physhy-NGT A Della glibi
	A - Dyily - NET y John A glips

NAME:	ROOM:CHART #
DATE	9/108- Nestube interet, fee olinge made
TIME	Mexical well-BOB > RIC ONTROY
	received to DIC IVFluids P. mammer
801116	Number of the state of the stat
(7-3)	Resident Condition that her family, significant other interst in
	discharge or possibly continue care in an's HF selling her cognitive
	skills for daily de asian making is moderately impoured decesions
	Resident Condition that her family, significant other interst in discharge or possibly Continue care in an sHF setting her cognitive skills for daily decision making is moderately imprired decisions poor, cues supervision required Both short and long term memories impaired Vision is impaired with the Use of eyeglasses magnifying glasses. Ability to make sall Understood some times and some times
	mount of the transfer of the transfer of englasses magnifying
	18 don stand of Hooping in adducto Tatally desired in both in a with
	The aport of two person, also in Grooming dressing totally dependent
	in and care and sori care. Intramper requires two on more readle due
	to weight Unability to assist and rest dependability Resident is charlest
	in anal care and paricare. Intransfer requires two on more Reaple the to usight, Unability to assist and went dependability. Resident is chaif at and wheeled in wheeleding intelly dependent in red mobility both
	I Sugar to story state of the sugar of the story of the s
	of recreational activity. Has these gostnic tube. Uses two and half Son self position assist — Michael Todros you
	Johnself position growt Tours Michael (adhos 40)
	SILVERLAKE-KARRON-000253

VAME: K	CMON; Marion ROOM: CHART #
DATE	
TIME	·
-	
Pule	nonary Medicine
1 uii	Honary Medicine
Nan	ne: Karron,M Date: 9/2/08
Case	discussed with staff on rounds.
Ven	tilatory parameters were reviewed. Vital signs were reviewed.
PIP	acceptable
	rological status the patient is lethargic
Hen	odynamically stable.
	re is no evidence of acute infection.
	ent is not weanable from mechanical ventilation.
	is secondary to severe COPD.
	ontinue present regimine.
	all prognosis is extremely poor. We will reeval her speech and swallow as her
tami	ly is feeding her orally.
	4/
Ralp	h J. Ciccone III, M.D. FCCP
1-1-1-	
113Mx	Mideel
(Ulo	The my My XI My + inable to and it
	to wheh wited
	Pto malpd
	100 0000101
	Mr. How - try nutopolel Wmg g12°
	A'
1 1	
9/200	Nec /
111	10 A TOPSO XL 10 me b-sopolo Some
	to A Topsol X L bo me b-sopolol some
T	ACCO NOTO COLD IT

NAME:/	ROOM:CHARI#
DATE	
TIME	Speech
9/4/08	with blue on r cuff Resp 4x monitor. CReddon mcCl
	with blue on r ciff Resp to monitor. CReddon mcc
9408	Notified Com-SIT negative blue due suctioning of spitim
23cp	Notified Com SIT regative blue due suctioning of spitem from Track vin closed suction catheter, productive Cough yellow thick moderate
	amout of mucus 9. Zugali
	war.
2/1	
9/5/08	pledul NSO
	Programme to the second
	Ph -M IBpi - Bp Mily
	VSS rledy 90/60 - , ango 6,
	0 × 0
	15 5 Ving
	455 WDN
	145 ( 140A)
	At HOW n Mas a 1. B.
	AT HOW n Miles gu la By
	P
9/5/04	NSS
113	Seen hu DA Bruno Resident
	is on lepnesen to B. P. BD Running
	100/60 - 14 Copression to 25mg BID
	will observe. I homme
9/5/08	Speech
	Swall for eval complete Cont IVPO Ptg to on 9/4/08
12	- CRedder mall
9/5/08	1059
,	US/100 85-16 Aponged Bally gues
	NGT intact feedings O tolenated,
	well - poselite of the good
	Sten (au Guer - Tashen)
	unade comparable - gn 1 98
	MULL OBSCERSH VERLAKE-KARRON-000255 Boncolinale

NAME:	ICENTON MENTICO ROOM: 130A CHART#
DATE	ablos-Decubitinotes-
TIME	Strige I Science
	me asures 3x2 scm re alness asound it
	small amount of bloodish docinage
	noted gelling silvalene cre en & sp
	NIS wash- in antinent OF BIB. good skin
	pericene frequent diapers and keep her clear as possible - app once a wic
	and be abouth daily- prostation multiviler
	Eminerals provide of for he arling or
	Decubing Percocal ITaball PRA
	for pain's good results - Fee along
	perative des ca BbH tole ratelacel.
	Resident hour airmentinese. OOR DRIC as role sout est Turned positione of Babas in be of Alburin leval is 3.0.
	Balantina la postución de la contractione de la con
	on 6/4/08 - meniter closing cers. I makes
9/7/08	Cetary:
11:300	m Res. Continues clube fleeding of Perative 250 cc
	Que the flush 100 cc of H20 + Present 101 30 cc TID.
	Peralive - 1300 cal + Prostat - 303 cal, Feeding + Sergelement is Talented well No name, vomits
	or diarules noted.
	Current wit - 12x 1/2s. 9/6/08, J5/1/2s. since last nut
	Juzo 2/11/08 - Blewith Stage I Sacorum - 3x25 cm
	Hydration is good - Total fluid intake - 7400 CC
	Shin is good - on Propert + MUI'C minerals to
	mainlain good Alin Meginly. No recent that
	will continue Kx peeding + supprement as
	Talenaled.
	noney on next - nut leal. The lyl long
•	

JAME:	ROOM:CHART #
DATE	
TIME	
1/7/08	Nos SIP Hump 1/8 198 P78 R12 120/90 AD respiratory distress note. Will continue to Monitor - Trentings RN
7-3	Wall continue to monitor - hrealis Ro
19/08	NSP 180
	0 VIS-100.4,80,12 110/20 Cooling modelling
	Provide al Cor l'errogande Tempe.
	2pm Temp 98.9 Nent Meat Fee soings
	me als volerated evell-menta ciosla
	Provide al Cert lecógrado Tempe.  2pm Temp 98.9 Nert me at Fee seings me als volerate al kvell-menta ciordir.  M'mamo.
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- 1	
	SILVERLAKE-KARRON-000257

NAME:	ROOM: POOM: CHART #
DATE	
TIME	
Duln	nonary Medicine
	toriary iviculture
Nam	ne: Karron,M Date: 9/9/08
Cana	discussed with the CC on the control of the control
	e discussed with staff on rounds.  tilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	rological status the patient is lethargic
Hem	odynamically stable.
	e is no evidence of acute infection.
	ent is not weanable from mechanical ventilation.
Tolc	is secondary to severe COPD.
Over	ontinue present regimine. rall prognosis is extremely poor.
	f / progradure outcomery poor.
	Ah-
	N/
Raip	h J. Ciccone III, M.D. FCCP
	A. 1 A
rliulur	Midual
0955	Pt scheduled for PEZ framous
	No usely used, Mil
	lo undyed
	v ·
	P: NPO DAN POG
	$(X \cup X)$
1000	Meer
110/0	Merident Scheduled for preg placement
	Mendent Schedyled for the placement

NAME:	ROOM:CHART #
DATE	I drawn my man a but of the land of the la
TIME,	tomorrow, N.P.O P midnight f. marmon.
11000	1115 008 20 11 BAD 150/50 1200
9110101	1 1 5 990 - 18-10 - 10000 - 1000
37	+ Wednight, - Selve glile for pag
	placement on 9/1/08 @ 19 Aun Pot
	STUHOSP Neith - Endos copy
	department - o distray position
	US 998-78-16 - BIP 100/80 - NPD P Med Night - Achie deile Ran De g Placement on 9/1108 @ 99 Aun Ret STUHOSP North - Endos copy Cepartment - O distring pichetican Unis- Made confortable BMCTONAL
	- BMCDenald
9/11/0	8 1067
640	45 97 5-76-16. 37! 100/60 Kept N/20 F 124N
	En 6/1 placement en 9/4/08 an 8/44; & distress mited all 14 care a cleantité com provolate.  Nous monites
	mited all AM care & Rearts to Come Divise
	Will monip
alles	Mustry
SA-	Renderd went to suft as my peg Meenents
0,1	by Dr. Kalmon inc. RA. Iftenhiolis
1Pm	Renderd went TO SIUH M propeg placement by Dr Kalmon we Red John free higher Refurmed from the Hospital we Red Mest 7 remember to all Stimuli peg sube in place NAD for 24 hrs and not to are the fube
1	remember to all Stimuli- Reg. Jule in place
	NPO for 24 hos and not tolare the finbe
	X 24 hrs. Notified Dr. nº Carthy of The obtained
	to carryout the orders per the mistraching.
	celled of Kalmen's office a reft nessage to call
	buck to alk about the medication use.
	Renderly s not in distress. will observe,
1	and mone tix!
9/11/10	N SC
111100	VIS-981,7616 120170- Returne 01
	D Co Tube Placement (1) 1. 30pm
	P. Marman
299	Cell Dan Carran and nade aware of
12	The Da Masoment.
a 1108	NE 4
32	NR Kalmons office return Gall
	to sine lel medo in a tuko
	Amitomala
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SILVERLAKE-KARRON-000259

NAME:_	Karron	Marion	F	ROOM: 130 A	CHART #
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		edengs to	Bedeen	red tes	monow.
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	Sleen	nd serie	Cane	- 40	cal R
)	den	e as one	dered.	.ma	de confintale
					BMIDMA
09	1121 NSG	45 979	30 16 9	4h 100	160. SIP Peg 18 winderned IVF resumer at from AThan R) ut frediga-6Pm AT
	Vallets 1	9100 m B	oplace.	Nfo- or	nepuner bling
	Sample.	The dis tous	is noted	1km hun	AThan R
	1. po pedij. S	last & Sude for For you	nad high	Tuelles Sta	ut beely a-6Pm AT
9/12/	s reded	)			7
104		y stp PEG	placement		
	11		,		
		do when who	ed thy		
		Mil. sil	Ch NT Mh. &	Pr)	
			MANTAD, &	den	
	1/10	- dysphya			
	400	- h	why PPh		
			1		

NAWE:	ROOM:CHART #
DATE	9/12/08-NSE-VIS-98-3 78/6/10/60 5/P
TIME	Es Tube placement site déan H20 socch
	started @ IN Folerateign well-
	Fee olings to start @ 6pm = IVF completed
	DOB > Recording Con a Danviel & sel
	monitor closely - Comammon -
1	nemen
9/12/	peg site cleap: 6 Tube. Feeding peralice 250 cm
Kopm	pag site clean Grube feeding peralice 250 ce
	GANDS THE CITCURE (2) DIS CO. IDV SOURD AMP POLIVALED
	Complete por come provided. Turned + pos hour
	graphet por come provided . Turned + pos hour
0/11	
9/13/08	169
610	1999 - 18-16. 98, 100/60. S/p pag placment  Gh feeder Theutel Well grill St care a  pen care 7 2 p 7 2° provide. With crit to
	of feedy Talented Well good Stor care a
	Jen cae - 1 of 22 grovalle, will cant by
	Imonin closely - zm
91300	Decishin motes
110100	Decubin notes.  Stage II Sacrum measures
	2:5x2.5 cm à redhess around it
	Emell amount of bloodish day inare
	note of geleine 5: IValene Cre amos
	In this was be a low thouse of RIN
	good skip pericene trequent diaper
	I and ceep her clean as possible.
	Sond skip pericene frequent alapér Sond sceep her clean as possible - ups once a cok and be alborth clarity - prostect 101 multiviumin à minerals
	problect of multivamen c minerally
	provided for healing Of Decubius.  Descored itah BBH DKN For pain E
	percont tun san proven sanne
	Spore 264 10 leverted well-Resident
1	has airmont ress-OOB - R/c as tolerated
	Turne of positions of & 2-3 box in bod
	Turne el position el to 2-3 hors in bod. meneter ciosiy. — l'monon.
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SILVERLAKE-KARRON-000261

NAME:	Cerren mem ROOM: 136/1 CHART#
DATE	9/13/08. NSG-VIS-100,9 80 12 110170
TIME	Tylenola Cooline me asures provideal
	Con Piemps - es Tube site Slightly real
	eleense & NIS. 2pm remp 90/4-monitor
	cosu. I rammen
914108	1
11.)	Resident GT site & Tregress, hard area
	above site mildoramore spoke to mountage
	Grain of Killer 500 mg Glah X [4d lup i Wirm of Sogker OTh Will mondor Closely of Sinde Nepal
	20010 and and worder constant a situation
diripoe	NSS TST LOSS OF KERLEY COMMON CON
	Tetclose of Keflex given for Cellulia's Est site Are a real Small
	amount of descripage note of from
	OT Site. Curron souls applied.
	Fee alines me als vole suite al well.
	VIS-98.9 90 12 110/60 Continue to monitor
	Closely. " C. marrow.
9/14/0	US 954-80-12 170/70 Kefler
3h	US 789 - 80-12 Collow Figure 100 Collows
	Lite o aduence reaction Nated
	Que remains jed & smanitax
	dia Warm Soaks applied on
	orledered - position Dres-
	good sten & flere care gruen
	distress - well Observed made
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9/Bles	iteda NOGO
7/2	
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	V55 - 96.7
	OF A. a. 18 V C (18 1 OP B. A.
	E Copyrel de C C-the sto Phalswill
	A1 = 6. Hu Ste
	1 . sll. Azont S-Dylle //h
	GI Consult / Op
	$\langle () \rangle$

SILVERLÅKE-KARRON-000262

NAME:	
DATE	9 15/08- Neg- Seen by PA Bruno
TIME	Ordered Cer Cellulitis To T Site, Ordered
	10 DIC ICE Flex 10 STEAT Dugmonein 825mg
	via EsTBISH, Es. I Consult, CBC nort Wil
	will start and observe the EFFE clivness
	me Tx:
9/15/0	& WSQ
-	VIS-98.7 80 16 110160 EST 8116
	remains red smoull amount of purulant
	warm sooks applied-Augmentinto
	warm source appared - Humentin to
	plesate duell monité costy 1 mommos
GIRIA	1059
13711	US/1005-86-16- BID/00/80-
	Thomas I sommed i of the
	as ordered augmenter luproress
	Len cellepeles Of 9 Melse Lite -
	Jarla Tennelius hed in dia
	I tuke feeders tolorated weel
	Cone - Spr Tion - Tylence
	& destres - made Any arlable
	Pha paglo
-	
	SILVERLAKE-KARRON-000263

NAME:	ROOM: CHART#
DATE	
TIME	
Pulmo	nary Medicine
	: Karron,M Date: 9/15/08
1 (dille	. Karon, w
Case	discussed with staff on rounds.
Ventil	atory parameters were reviewed. Vital signs were reviewed.
	ceptable
Neuro	logical status the patient is lethargic
Fiemo	dynamically stable.
	is no evidence of acute infection.
	t is not weanable from mechanical ventilation.
	s secondary to severe COPD.
10 co	ntinue present regimine.
Overa	Il prognosis is extremely poor.
D -1 -1	I C' WILLIAM DECOR
Kaiph	J. Ciccone III, M.D. FCCP
	\ .
/ /	
1/15/08	Rent Care
7/3/ 3	
	Insurviced Son Danner on the
	Links defeate of the 1 Test 1/2- lefter
	The state of the s
-	Hermany alley of felly malyer ling & Theray
	Surged lules low from 5 ff - 6/2 for
	Carell , Cent to municipal ment help yes
	that he I sum kribar to take his
	nother had I
	Mind from
	Els - July
	/

NAME:	Marien Marian ROOM: /34 A CHART#
I IIME	1 NSG C/5 957 54 12 Wat-47/ 116/60 Rpt/up 3974  DBT: Augmentin Vic 47/ 5/20 20 d clare given in CIT
09/10/	Sult referen. UT Sult redenned prulint drai rage smay
	651 feeding the alief weet well absence - Manx
-1,10	
9/14/0	5
	P AND A WAR AND A STATE OF THE
9/16/02	NEG VIS-98.7.78 16 110120 Augmentin
	for est cite celfullite Conticl-Are of remerinate of Smell amount of draininge noted from est site
	double ge n'ote d'Estates ciplle
/ /	monited elosly - emanmon.
9/11/08	US9 998-80-20-Aht infragress
	Demains reddened T femilent dig
	Wal sending - Wolfing Orling
	a destien of inade consentable
	SILVERI AKE-KARRON-000265

NAME:	ROOM: CHART #
DATE	
TIME	·
11111	
Pul	monary Medicine
	hionery interiority
Na	me: Knowles, D Date: 9/15/08
Ca	se discussed with staff on rounds.
Ve	rtilatory parameters were reviewed. Vital signs were reviewed
	acceptable
	urological status the patient is awake and alert
	modynamically stable.
	to is no evidence of acute infection.
Pat	ient is not weanable from mechanical ventilation
	s is secondary to COPD and CHF.
OV	continue present regimine. erall prognosis is poor.
	tan prognosis as poor.
	LG .
Ral	ph J. Ciccone III, M.D. FCCP
0. /1	
9/15	80000
12/	US 1,00 4-82 - 14 - A enged Ball
	g tulse from as colded
	Mosdin Ones - Good Slant few
	dere . 8 T 99 - O destress
	made compandable priconalle
201161	NSG CB - 2982 80 ld 98/1 130/10 Rpt/pp-2978
09/10/	have Spicemen oblained of 4112 cls du Cit Site Pain Leb
6/11	
	Tyle from t affect 100 cintons rated /his hour spire
110	
9/16/08	
J)	
	ATING 5
	TRANSFER 4
	TOILETING X 400
,	OILLING A

NAME:	HOOM:CHAR[#
DATE	
TIME	
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9/17/18	Medical
UPD	
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	Pt was spilery flulys No new amount
	Me when weed, Alls v 26p
	Mary cognitive
	to mulped
	Che subed alish
	(130) / 99 / 153 49 21 0 V
	18.4 /3 / Blo (P)
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	CAK: NATON
	CY K VOIL
	Mf: W leutary hosis
	- / BW
	- V UCY
	- numbri CIC
	COLLA LA MARALLA
	(2) Hyponobremes
	LIC WOOW
9/17/04	Nos seen by DR, me carry osels of
	CBC BMD ON 9/17/08 - 10 Flu BC ON
	HIS Was 16 4 - (XK ) - (e) molecular
	El ordil
	OH VEDI AKE KADDON 202027
	SILVERLAKE-KARRON-000267

NAME:	YOVAN MANUAR ROOM: 130A CHART#
DATE	
TIME	
9/16/18	Medical
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	E purelent d'range. Her hen in oral trul
	x 2 dy ( minimal hypothesis
	48° Ahl, y bels wifed
	Alexb wyreetin
	Clart CMb
	Mi D Dunlet Lours (m. C. Fule of He
	mis @ pumbet trange in a Full site
	· ·
	My Cellutitor vs. Miscus - stutch to Unasyy
	- V CV
	- your Sualy
917	Nee
1	5 seen by DR maracanthy
	Unerque 1.5 cm expirer violages cis of
	Cotsile - for cellulitis cot sile.
	will start and observe the effectives
alla	OF TX.
9115/09	8 VIS-98-1952 12 110/60 HIL inserted
(	Rile @ IVABUKELOUD ISTCLOGE GIVED
	Est sile re al Tempell amount of
	purulent discipance cle once à Ns-00B > Pelc-es Tybe Fee alings
	me als note stealurel- menty dorse promor

SILVERLAKE-KARRON-000268

NAME:	ROOM: 130 A CHART#
DATE	1059
T/ME/	115/00-82-12 - Someed Bath
9/17/08	a tieba limba en la la la
371	I Healpel Untact By Good & Palant
	Heplock Untact Bt foot & Palent DB lenasin inprogress o advers
	reaction Doled + position d'Un
	good sken + per can hocal RX dene as mared - Alert +
	The difference of the control of the
	Verto Alimnule - Colour facer  O Plant distress - Celluliles of glyrse Seto - Warm Compress applied  Bott 997 - Made Confinitable,  159 998 84 12 980 110 160 0057 -
	Lete - Weem Compress of he led
	Ent gen - made Carlantaho.
	1 Bre Tedrald
69/18/	NSQ 176 3 978 84 12 9860 110/60 ABT C
Gan	(Masy) 14 (W) 14 15 30 X 10ccipm as hight in
	Injectice (17 Clo - No adversareachen nested. C15
	Site redebed 2 Pombut drainage Small ant. Residut
	hoted this bus. Will Continue to monety them
7/15/08	NSP
	1100 100 Cont d' Fed 100 60 10 AB
	Children Street
	Area remains re of a Small amount
	of purelont doubtage note of cleanle
1	and en I Consult pereing monitor
TAR	1
11 3	115996-80-16-100/66
	JOB, ABT Lenann Stellelites
	of ofthe Sete, area remains
	held & punter on wein
	gaglo dere es malle
	The second of th
	de dines references hadel meedle
	Jem Jen 11/1) proviserer
	- The state of the
	OULVEDI ALCE KARRONI 000000
	SILVERLAKE-KARRON-000269

NAME:	Farian Mr. ROOM: 130 CHART #
DATE	NG7 -
TIME	1/s 33?-82-19. 93. 12/60 TIBB 7 Unasyn WPB  In 6/2 sits infects in progress. no adverse  reatom noted. Hi at leg inter 6/2 sits area  red good shi can a pen car 7ap 32° prostde  will cut to morion
9/19/08	In 6/2 sits infector in progress. no adverse
64	reation noted. He at leg intait 6/2 site area
	red good shi can a pen car 7 2 p 32 prostd
	Well cut to months
- A A	
9/19/4	Treat will
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	O still tee
	Af Gish sh he To wh But only
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0 - /10 - /	NSY U/5 987 84 14 96/ 120/60 BBTEUNASYM
portar	15 m INPB. S to 15 progres on infectice CITSet.
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1 1200cl	Are Decubiti notes
	2.5x2.5 cm & redre xs ground it Small
	amount of presoclish documençe persing
	gelling Silvarelene cre om p Nis worth
	B.s Incentior BIB- good
	and keepher Elean as possible.
	CUPB once a wiconel be alberth doight
	prosvat 10 multivilamin a minerall
	provided for he aling of Decubilw.
	SILVERLAKE-KARRON-000270

NAME:ROOM:_	CHART#
DATE DENCOCOR ITUL BOTH PROLE	
TIME results Free only percent	The Donald Cold
polesates well- Eurren	HILLOW WAR
unersyn for infecte of	
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y well monitor closely -	C. meimper
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10p William Coat 1410. He of	react DAL.
1 13:1920 80 14 - 811	(OCIRN)
9/21/28 U15. G.S.4 D. 12.110/6.00	9:6% IUP & Ah
11-)an lunaryon Centid for GIS	
10 alune reaction No	6 d. () Co Tubr
beeding toleration to co	nd nant Care
Geeding tolerated. In Co	y table. HIC infact
in (C) alem . (37516 Bla	and red Will
Donathe Oconter	
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male male simple all	Signs to go of
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John Dependence X 2 5	SIDOMINA I QUAST
Total depoldonce - Oral care	2 To Dendare
Transper two DR MORE Stapp	· walled
assist & on Wentilator so	OB 7 pulan
as toloralocall VERVAKE KARRON TOO	TI VOWER & Wadder

IAME:	Lasson, nl.		ROOM:	CHART #	
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TIME	CID & PRA		7	resitebrier	d'
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	& Theodi	[/][	We 250 M	as Cocoppe	inp
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	100,000	Masin		PIPP (V)	
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Pu	lmonary Medicine
Na	me: Karron,M Date: 9/22/08
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	urological status the patient is confused
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	ere is a non specific infection. She is being treated for a G-Tube infection
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I n	is is secondary to severe COPD.
	continue present regimine.
O	erall prognosis/is extremely poor.
	Mh/
Do	ph J. Ciccone III, M.D. FCCP
Na	ipit J. Ciccone III, M.D. PCCP
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NAME:	Kanan Mi ROOM: 130 CHART#
DATE TIME	PS9 PMS 998- 18-10 120/70-157 dere Of Cefoletan Stented Heglock withe To gatout - weem so als applied To gatour settle as andered, are remeurs reddered to pumely to Oux - noveltan only
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NAME: Kasson man'co ROOM: 130A CHART# DATE TIME Podiatry Note: Toenails are dystrophic, discolored, brittle and thick. Mycotic toenails are painful and may cause secondary infections/ulcers if untreated Impression: Dermatophytosis toenails Treatment: Debride toenails Foot care 2-3 mos. for mycotic Recommend: toenails 09/30 Condinued of no adverse reaction. SILVERLAKE-KARRON-000280

NSS  V(98)-80-12. 10/00. 2003 t Cofstan WPB In  indostrul 47 Site. nomenin solity ned. &  advence reaction notal. grail she care a pen'  Core. 70 p 3 2° provided. Bill cont to monite.
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ME:	Rauson ROOM: 130. CHART#	
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Nam	e: Karron,M Date: 10/7/08	
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Pulmonary Medicine  Name: Karron, M Date: 10/13/08  Case discussed with staff on rounds.  Ventilatory parameters were reviewed. Vital signs were reviewed.  PIP acceptable  Neurological status the patient is lethargic  Hernodynamically stable.  There is no evidence of acute infection.  Patient is not wenable from mechanical ventilation.  This is secondary to severe COPD.  To continue present regimine.  Overall prognosis is extremely poor.  Ralph J. Ciccone III, M.D. FCCP  O JULY ASS  The stable of the	DATE
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	- Sight To it Medley  - And - Moles / Rogal-  - w// Ment
	- Ans - Moles / Rogal-
0	will Plant
	(MA)
80/F/10i	Nursing UIS 98.6 80 16 110160, resident continuing on AIB Alabay
(7-3)	tacephin lan hight Lawricha procumonia resident aleit, all due meds and tube feeding given and talanated well, AH care rendered by stall resident
	tube leading given and tolerated well, AM care rendered by stall resident
	made compatable TV infused well line patent, site clean No s19 of
. 1.1	infection, will continue to monitor - Michael Tadkus you-
10/18/2	1088
41-7	10/3 98-9, 84, 12 98% 188 120 (70
	AB Contioned for Dremona. No Columbe
	State of noted (the datast is the hend)
	Sindered, made Camportable
	reported, ortale comp (NV note
mident.	Describility Nestre
allobe	5 Luge II SOLCHUM
	ma - salved 21 sens - le ain
	The sell summer of be see as a firman
	one Hime 5: Word one com Phile I Tradition
	SILVERLAKE-KARRON-000293

NAME:	CONSON MONION ROOM: 130 A CHART#
DATE	0-5 E gordel results boartinent of BIB
TIME	enotices phay clear en possible cups once a wand be about daily prostate
	For he aling OF Decubility Percocet
	1 Tab Ogt par for pain à good results. Resident here air marcho 22. DOB-3 Rfc
:	Restolent here cir marcho se DOB-3 Rfc
	Bayotes in be of Fee sling peractive
	Droce obt role suces well monte
	Muricing noti
10/18/13	( D) ( 98.2 , 80.16. 02 9) 1, 188, 100/60.
Pil's	1 III mater (i i in looket) (k) Get 161715 KOLENA
	Johnson t Can Sindend No
	Addus reactor no les of 10 AB
	Will Continue on months - So home the
10/19/08	Meritary
10:30am	Res. Continues atule feeding of Perating 2000 960 flush & 10000 of H2D - total calmer - 1300 cal pleus cedditional Culmer of 203 cal from Prosecut 101 3000
	dedditional Calmer of 203 cal from Practat 101 3000
	naluhangetin nutid. Clinent let. 4 1351bs. as
	of 10/18/08 - Stable. Haghation is good.
	and MVI i mineral for bealing. Rule 10/15/08
	aspunin (3.2) WNL, Some abnormable but slaule.
	from grand in plant I may fremen an many
	hydation + shin integrity freder err
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NAME:	Kauson			ROOM:	CHAR	Τ#
DATE		-				
TIME						
0/19/6	92 Sust					
(Pap	954, 84	16 Oct	anelow	& Rocephia (	Material 1	) torke
9	Dun.	nar u.	01 1	Leeding tole	viti O /	ell. All To
	render	Q a2 0	Vderal	no respo	When.	Swel D
,	Will	monto	Vderel		(9)	The and by
10/20	18 M 54					
لاري	· USG	\$ 80	-16 -	100/60 3	UPB	AKT
	enn	0000	n	To adve	, , ,	action
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	00	ndere	d - S	Tube 1	feede	of lolora
	lile	el · t	P) B (\$	7-10 0	lister	\$
	ma	ade c	and a	dalle	Bom	Donald
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0/3/	OF NSTE			, ,	f c A 1 1	
	0	VIS-	-98.6	82 10 100	160 HI	insorte
	(1) hor	el 11	AB AU	elox pi	en-c	ntube
	Reec	eings	Ima a	ols loles	aled	arell.
	monito	7 26	D 214 11		- P. Mai	minan.
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		SI	I VERI AKE	KARRON-00029	5	

NAME:	FORRO MORIOD ROOM: R1304 CHART#
DATE	
TIME	
) IIVIE	
	Pulmonary Medicine
	Name: Karron,M Date: 10/21/08
	TVAILE, IVAILUI, IV
-	Case discussed with staff on rounds.
	Ventilatory parameters were reviewed. Vital signs were reviewed.
	PIP acceptable
	Neurological status the patient is confused
	Hemodynamically stable.
	There is a pneumonic process.  Patient is not weanable from mechanical ventilation.
	This is secondary to severe COPD.
	To continue present regimine.
	Overall prognosis/is extremely poor.
1	
-	DILLIC: HIMD ECCD
	Ralph J. Ciccone III, M.D. FCCP
	/
- )	
	1

DEEACE TOWC DECCRESSEED OF SHE CERTELL

#### INTEGRATED PROGRESS NOTES

NAME:	Rayon,	
DATE	MADAVA	ly nusing sote:
TIME	Remain	
10/21	1 1 0	lely impaired a decision making
11-17	25 5.0	1 Mocardo Vona + Short Immigh
	V181000	impaired, Regimer, Eyedasser,
	1004hr. 8	val PRI), gue to make howeld
	Tuderst	ood Somotimes. Welle to undertand
	CHRORS :	Sometimes Hearing adequate
-	dal de	Dendenso X 2 2 lathang () TO tal
	depinde	uce In somera, Total dependant
	grave co	are & pencare & De Say Mansher
	WOO OR	more ob Ti Kellinen chalin
	davy	as tologalog Theontenent of
	aguer -	t Wadder diaper ses 420 0
	Aloto d	tuning & pasilioning.
	Dis in a	grantalion la times Rependal
	Non Out	Lor deplession, atwent ing
	2/1-60/6	PAND OF TRANSPORTERING
	25000	STOG On plums algs to That
	Purent	wit 135 1/05. 1 stage II Sacrum)
	measure	es 2x2 cen. fluedent co p. n/s.
	wash (	S PELOCOF 7/325 mg - 400 48
	PRI Pa	in tuning to positioning:
	Jusia -	10/ 30.00/11/10. 1/8 983 60/16 96/10
	11980	- Mico. Copp -
12/	ACCC. A	003 to 11 011 110 (50) 205 Polit
10/201	8 NGG CTS.	JUPB' in progress RVI Precenous. 110
	O el Wesse	reception. Tento of and Distance of Silver Care
	Bei Care	oueton. Turned and positioned Step Cano of Club its Care provided. Or feeding tomaled of the Contraction of monetary to monetary to make the contractions of the contr
	weel . ws	il Contrue do monetro - Ather
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		89 80 80
		7.7
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		a b d c
		Franklin Printing 718-258-8588

NAME:	INTEGRATED PROGRESS NOTES ROOM: BOA CHART#	
DATE		
(UX_	Mudral  Pt rear + evenual + Chard remail  No < gut wat check	
	No Weh mied, sells Ple unalged	-
	(eh) 10/13/16 144 14 50 (149) 5.3 35 0.4 (149) 6.7 /27 (233)	
	My Dhypnglyceme - V AIC	
	D'hanne will muter	
		SLC-110
10/22/84	Seen by DR maccantly ordered CBC CMP, HbA/C on 10/24/08/10  F/Ch H/H · H/H on 10/15/08 was - 9:0/26.6  no 5/5 of blee cling noted moniter and the constant of	Franklin Printing 718-258-8588

NAME: Komon Marun ROOM: 130A CHART# DATE TIME St - 98-2. 84.16.9870.10/60. ABT whelex/ 0/23/08 Louphin organ for Rei preumonie. in & hos his. hebricon L herel prent tintect is sport of intect is sport of intect in the fire 958 80 16 max 9715 /20170. LATTED-3987 PATE Avelo PleCepts in IVP-B proble Preumonite X 100d Castroline At leCepts in Green (a bism. NO adverse reaction noted. Ferried and positioned sites Care dubits Cono produced. marked Closely — Alling 10/24/18 Midical 1015 Pt seen + experime he right cont chips 96 Whoh wited this Ho unelyal 13/12/11 hypollymod wil I synthand to 200 meg

TAME:	ROOM:CHART#
DATE	
TIME	
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10/27/98	and wite
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	V55 rlesly
	PE- HWRA LAS
	lys CTM LOS
	My pen of
	Af - Denne shel all Pal
	If allth

SILVERLAKE-KARRON-000301

NAME:	ROOM:CHART #
DATE	
TIME	
Pulr	nonary Medicine
Nan	ne: Karron,M Date: 10/27/08
Case	discussed with staff on rounds.
Ven	latory parameters were reviewed. Vital signs were reviewed.
	cceptable cological status the patient is arousable
Hen	odynamically stable.
The	e is no evidence of acute infection.
	nt is not weanable from mechanical ventilation.
This	is secondary to severe COPD.  ontinue present regimine.
Ove	all progressis is extremely poor.
	7/ grows to character, poor.
	No.
Ralp	h J. Ciccone III, M.D. FCCP
	Δ
10/29 lus	Midical
1035	Pt seen + eleaned of chourt reviewed
	Un syntach a
	ofo Mtaly unbed, Afrik
	chut cm (alu da 14/110/43 /142
	2 mm (ola what (5.4) 36/ 8.4
	mi nut
	1.1 /200
	M. T. Whype Icelanus - nuld
	Mr. O hyper Icelanue - m. I.d.  - / regard  O. Mune muld  muld much
	O hung would
	and much

SILVERLAKE-KARRON-000302

NAME:	ROOMCHART#
DATE	10/29/08-NESS SEED HILDR: MacConthill
TIME	10/29/08-NSE SEED BY DR. McCarthy Oselere of PBC CMP HBBAC ON 10/30/08 NO Fly CBC. P. Meimmer
	M Flu CBC. I - Compromen
Inlagles	NER
- trefailt	VIS-100.1 200 16 110/20 Cooling measured
	provide of the lowgonde Tempos aportors
	NES VIS-100-1 200 16 110/20 Cooling measured provide of For Lowgrade Temps demonsor.
1	
10/31/08	Med Work
1.	Pl see Schul Resty Capilly
	USS alest
	PE No ly
	(c) K+ mp h 4.7 H/H stl a 93/200
	Af Breni vall cult whi I of CB1
,	PTK+ Shl x 4.) will V. hus
	6/10
11/1/08	Decubitinotes-
1111/00/3	Stage I Sale rum me a sures
	2x2cm clean small amount of bloodish
	doninage selsing silvaral ane Cream 6:5
	drainage geliene silvalone Cream 6:5 PNIS avash Incontinent OFBIB- good
	sur pericere frequent dia però anel (ceep her cle an as possible-
	and ceephor clean as possible-
	wps once a wkanel be albath daily.
	product 101, multiviamen & minerals
	percoast i Taba at 1 porto
	Good results. Re sident has air
	mattres - DOB > Mcas volexuled
	TUMES PSILVERIAKE-KARRON-000303
	SI VERI AKE-KARRON-10113(13

NAME:	Censon 13 anas ROOM: 1867 CHART#
DATE	Fee along permitive 25000 86H bilexules
TIME	well monitor closely for is mommon
11/1/08	Assessment notes
	Resident allort
	oriente al so name responsive to
	decision making mode sutely impulsed
	longtern short term menery impaired
	Uses ene noisees formetimes unlossione
	understood- He oring adequate- Tokal
	dependant of 1 Gers Sputhing grooming
	of i obulcare - Two or more people
	for Transfer as resident is unable to
	assist + vent dopel - oop > Recus
	plerate al - Incontinent OF BIB
	grood sien pericane frequent diaper
)	upp once and cond be abutholist.
***************************************	ON ATIVOR IME OBH PROV FOR anxievel
	a good results as Tube interet.
	Ferolino Peralive 22000 0614
	tolerated well. Stube site stightly
(In)	dental corre pod Care provided
	BISEPRAL - Stage TI SCIONING COCCIONO
- )	Silvadore Cream & Joodresula
	2 /2 side said l'be al fer position et
	Propping Ob motopro(a) 28 me a WH
	DE me clèce ton: On Herring Ex
,	DVT POOPHYLOXIS PERCOCER ITUDORH
	pen es pain à good result.
	Vida & sign & talces de il y and any -
	manited Files Carly Continuo 10
	D's in resident's Conflitton
7	L. monmon

AME:	ROOM:CHART #
DATE	
TIME	
1/3/18	Med Note
	Plan phal Che revul
	USSalett
	ME- Heat-RA
	Al sakusm Eng
20 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	1ABC 6.3 > 23 (202 -> 5.7) 29.6 /2 RANL. 4.775.
	By- Aren oth o pres pull all Mal
	Bulling KL JAHAMA
3/01	Labs reviewed by M-Bonno P. A. Order
	continue to monitor officerlinal
	·

NAME:	ROOM: 100 CHART #
DATE	
TIME	·
THVIL	
Pulm	onary Medicine
Name	¢: Karron,M Date: 11/3/08
1 vain	Date. 11/5/06
	discussed with staff on rounds.
	latory parameters were reviewed. Vital signs were reviewed.
	cceptable
Neur	ological status the patient is lethargic
	odynamically stable. is no evidence of acute infection.
	nt is not weanable from mechanical ventilation.
	s secondary to severe COPD.
To ec	ntinue present regimine.
Over	all prognosis is extremely poor.
Ralph	J. Ciccone III, M.D. FCCP
11/5/00	Decubin notes-
	2 xacro E small amount of blood ish drainge Cle or getting 5 il Varolone
	2 xacro & Small amount of blood ish
	donnée cle no cettino si Varolone
	BIB. grod Skin pericare frequent
	BIR COTOR Stip PROCORRE Frequent
,	of larker A chaol Keep by war cleans
	presente and are acik and
	possible wps once a wk and bealbath daily prostation
	multivitamine minerals provided
	Extra Data Data Data Data Data Data Data D
	The state of the contract personer
	For he along Of Decubirus percocel Trub & 84 pan Er perón à facel results. Rexident hous air mailtress.
	ODB-) RIC as volverated-
	DOB TO THE OLD
	Turne al Positione al O 2 has in be al Fére alla persulive
	De el ree alla persultre
/	250 éc ce 61+ 10/8 sales creel.
	Albumin leval is 3.2 00 10/15/08.
	Continue is monetal closin for ss-finaning

ME:	ROOM:CHART #
DATE	
TIME	
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ME:	(Cenan M ROOM: 13 aff CHART #
DATE	
TIME	·
Puln	onary Medicine
Nam	e: Karron,M Date: 11/10/08
Ivaili	Date. 11/10/06
0	
	discussed with staff on rounds.  Ilatory parameters were reviewed. Vital signs were reviewed.
	cceptable
Neur	ological status the patient is confused
Hem	odynamically stable.
	e is no evidence of acute infection.  nt is not weanable from mechanical ventilation.
	is secondary to severe COPD.
To c	ontinue present regimine.
Over	all prognosis is extremely poor.
	- Ali-
Ralph	J. Ciccone III, M.D. FCCP
1	
110/05	1959
37	monely puse assessment
	Alelo for daily decision mater
	Moderately impaired Langle
	A short the momon papar
	Jecung Cedequale - Most des
	lives elize glaines . alle to
	Understand Olliers a Terres
-	le genres total (que c Hol
	great I assistance for Bathing
	alessee per de pompe
	assest of one for enal & Nout
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	the fire lingule to cities
- {	I willed dependent wp B dant
-	heeling bed pall done
	acing Incontinent of B+B

ME:	
DATE	1059
TIME	pundia Mapered for accident
1008	Good SIL Per Care
311	Thereof to position only-
	Alæse I de cubile Sacriem 1000
	Telebadere Cream OS p MS
	NGALA COB - Macda a Charlet
	lastelenated - Recours 9-lupe
	feeding of ferilative & DOF 06
	Sex 1000 the of the sele a steglish
	Extorialion- becomes madex
	259 Q Shift : Hegaren 5000 ynits
	5-0 0 12 CM per coce 5 mg/35,55
	alwan me 869 fb Jan anxion
	Responded & - 5 mg @ Boothine
	for Psychasis & Padil Gons
	ELD Con De Messian . Di artart 101
	3010 10 for to enhance deletition
	Stalls - M Senna 2 TAB wa
	gleet anemat & 3rd pA
	metropiele 25ng 0 bg o for HTD
	blet Dulle mondored who L
	Resident has 2 /2 side kails
	Am bed for forming &
	hopping some some of
	Le abelia accompany
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11/08	NSG
1-3	all alean under track collar
	world to shen impaired
	morey.
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	SILVERLAKE-KARRON-000309

	ON YOU ROOM: 100 CHART #
DATE	
TIME	·
1/12/18	Nudical
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	Pt seen & experient thank reviewed  No Significant changes
	No Significant charges
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	To litely used, Akel
	chit war is Bh
	This Son
	m3. gult
	Cels whea (11/9/18) 142 102 57 (16)
	4.8 (33 06
	7.5 (27.6) (187
	7.5/1276/14
	MP: (D Hyperglycense
	- will antique to number
	-A te an 10/30/14 = 5.6
	10(10(04
	@ Mus - slow declare
	- Will Mark
	- vill mith
	J. Maria
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NAME:	NOONCHART#
DATE	
TIME	
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11/12/1/4	Mudicel
	indices.
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	Ptoblied by State That pot sittly in
	Challe brailing holderly
	9- 24-01 22 234
	90 en=26 p.o. 87%
	J BS BL
b-	Cals.
E-	
	Owndin
	Mr. Aulo was dita
	Market very Captures
,	= Coloradad (Day W/2)
	Mr. Acute very distans  - solvedul (My 1070)
\	
11/12/0	insp
11/10/10	seen by Dr moonthy for
	SOB Ordore al solume also 128mo
	IVPBXI dose also orelevad
	CBC HOD SMOLIES 11/16/08 V SLOOL
	for occulit brood 20 HH- 9.3/27.6
	menited closes - P. marrion
2 pm	Rendents noted it it tempo 101. Breathing
- 1	no better new with solumedool I.V. Called
	Dr M' carthy. To obtained to do CXR ere
	& BM P. to ley. Will Plup the hunter
11/15/08	Narsing de tol 80 16 120/60, resident had an episade of an
(36M)	SOB
	SILVERLAKE-KARRON-000311

NAME:	Carron	Manon		ROOM: 12/1	CHART #	
DATE	NSG				/	
TIME	1000	XR + an	d Quillox	400 mg 2	TUD	x 7 day
1/1/2/08	Koceph	en i em	) II/NDX	7dags,	ordered	V. ()
110	Trife	al doses	adnes	usleyed	and,	no j
	adverse	reactions	Molect.	VS - 97	00 16	140/80.
	O OUSY	less will	MONTOR		X1104	Upn -
1//2/2	152					
6h	416	395-80-11	1.97% 10	160 TNDB	7 a Vel	X/kg
01-			08185. M			
	14/1 (	y am i	rtat. Q.	Restrust:	notes.	Sorel
	ski	cen e pe	in car. 7	2/370	morded	. Walk
11/1/2/	201	to monin	0 Car . 7		my - bu	13
612	NS9 (	5 3 98 -	1483. CD	10 /10/60.	1312 10VE	01 600
	Gol Verse	or chan his	Lee). Junno	and posit	ingal Skin	Care
	dueb15	Care Bound	ed, Will Ca	entinue to	mnih	17 Thomany
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11/14/08	Male Wille	)				
	Prsen	Lill sevil.	Ph resty cufull	<u></u>		
×.		<del></del>	Copp.			
	VSS-de	8				
	11 + +.	2010				
	NE NO	St A				
	1720	RA CUBOCOMB SULTINI OUBS	S P. J.			
	BIL	Safas				
	1586	OUGES				
	11	169	14176	4	CM PU	
	125 lo.	73/2	5.2 3710	235	CAT RUL I	neu
	-	0	3.0-17/10	- /		Franklin Printing 718-25-8-858
	A RU	1 L Paera				718.25
	/_	-5hl - Im	32			the state of the s
	//	11/1 Pall	30 Aug / Been - 20 h Johan			- C
,		wall Most	o N tokal	19		ank
		Corre / Wine /		/		- I

NAME:	ROOM:CHART #
DATE	
TIME	nre v
Mulas	Seentay PARruno 10 Flu
11 11	HIH-10-4 139/(10) - 00 11/10/ HIH COCKS
	9.3/27.6, 11/12/08 10.4/31.5-Orelared
	CBC 000 11/16/08- Contiduo 10 monitor
/ [	-Congression
11/15/08	Dutising 4
6 Am	VIS 959-80-16 B.P. 10 60, 3at . 97%. JVATO-) Rocephin
	F Avelox Cont'd 2° A CXR. No adverse reaction
	sorted. Whe feedings tolerated well. Suchined
E-	Panl. Gresp. distress moded. Complete soussing
III Jag	Care privided. Klill cont. to monister - mGeorge Roll
11/15/04	Decubiti notes- stage I saorum
	me a sure a DXI-Scm Clean Small
	amount of bloodish drainage persists
	getting silvalone cream & s'é
	Cond resulk- Incontinent OF BB-8000
	Bloom pericone Erequent ald apers
	and keep her clear as possible
	wpB once a cole and be obserth cloudy.
	prostation mullivitermin à minerale
	Provide al RON he arline Of Decubikus
	Organia massalls - Negrolant hous outy
	martine &s. OOB - RIC as Wester
	Turne of Positioneal Odhrs in beal.
	Fee along Peralive 28000 B6H
	10 lescrette upelo. Albumin leval
	is 3.2 on lolls of Continue to
	menited closely tox 25 Timainor
	SILVERLAKE-KARRON-000313

NAME:	Kerrsen Menion ROOM: 130ACHART#
DATE	(n · T.,
TIME	Res continues stude feeding of Perature 250 ml 96 Hrs flush of 150 cc 96 h on enteral pemp at 950cc /hr Talal cal - 1300 pelus an additional cul 303 cal from
11/15/108	flush of 150 cc g6h on enteral permy at gocc / hi
2:35m	Tdeal cal- 1300 pleus our additional cal 303 cal from
. ()	17 Marcas (0) more 100, 17 V - 1000 ma - 1 marcas is retained
	well and 100 % meeting the duly nutritional need.
	Herdration is good. Weedbili . Stage I saccrum 2x1.5 an
	in Prantal + MIT minerals for healing. Chevent
	lut. is 170.8 lh. on of 11/11/08, briet 18.2- 1 (BW) (145-165)
	all level 3.2 WNL ces of 10 5/08. heles 11/75/08, 18/11 (23/a)
	Just (10.6) & RDC (3.29), IHCB (10.4), VHT (31.5) - Stable.
	buil continue current fleding + perpaphenent as ordered
	labt, hydration & shin integrily. The Include
	fat, hjardin then Meguel The and extra
11/11/2	1 10 59
1/16/00	45 99-80-12.96. 90/60. WBB Z avelex /. Lougin
011	to ACXR in progress no adverse reaction
	In A CXR. in progrees, no adverse reaction.  noted. Hk intact. good sk can a pen com  provded. Will snit in monitor - guy
	morded, Will con't in monitor - guin
	V
(1/17/	NS9 6/0 994 80 12 96/2 90/60. ABTE INP.B
	Polephin and Avelox 400 ym ha of to progras-HIL
	Inful halid repetited to thend Juneel and RUS I transel
	Skn (are dubit care formaled. No distriss noke
	this tolu Well continue to monetry - Hither W
11/12/2	namont,
7/1/08	Revide A hotal walto one doce the last
	or less tive 20° 17 have the ded admin hold
	depresent Mrs on WAST to Prejumenia.
	Distance de de distation. Al comme de de la mercer
	GT feeding to 250" 9 4hrs- will observe
	and months for tolerantee - Harmy
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VAME:	ROOM:CHART #
DATE	
TIME	
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	<del></del>
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	·
	SII VERI AKE-KARRON-000315

NAME:	Kann M ROOM: 136H CHART#
DATE	
TIME	
THVIL	
Puln	onary Medicine
Nam	e: Karron,M Date: 11/17/08
Case	discussed with staff on rounds.
	llatory parameters were reviewed. Vital signs were reviewed.
	cceptable
	ological status the patient is lethargic
Hem	odynamically stable.
	e is a pneumonic process.
	nt is not weanable from mechanical ventilation.
This	is secondary to severe COPD.
	ontinue present regimine.
Over	all prognosisis extremely poor.
	MA-
	19
_	h J. Ciccone III, M.D. FCCP
11/18/	18m x 1.V PB- x 7 clayer and Avula 400 gen in a cot 7 clayer on Presonaia Last done of Reaphin Siren 60 6 pm. No
6m	18m x 1.V PB- x 7cleym and Avalor 400 sem ba cot 7 dum
V/ F/	B. Rose mais 1 ant done a) Reaphin Comm 676 mm. No
	The first that the state of the
	An Preymonia Last done " Roughin girin (a) 6 pm. No adverse reach m hoted Tuned and gosithmed Skin Care dubit Care printed monitred cloudy "Ashman NSS
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1118/08	NSE
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	entube feed instructed
	VIS-99,18016 100160  last dose of Avelox Gines this Am entube feedings medle to lescated well-monitor closly - I maining.

NAWE:	HOOM:CHART#
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11/19/04	Nidica
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	At hard @ Cok 1/12hi
	+ S/P IV My & My
	3(1 20 1/100) 1 (20)
	Up Niplo ruled, then
21	clut: wound the Ble
	ILA ZOM
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	(des inted cxx: RUL pumme (11/12hx)
	11/11/11/18 103 (28/
	(1 814)
	1/4 / 0
	MII. O Villiams
	Mr. O Premme - V repeat CVK
	A
11/19/8	NICE
11 11 1100	Seen by DR. McCarthy Ordered
	CXR LO F/4 RUL ProUmonia. 5/P
	Avelox and Reception for RULphoumenia
	p.marmor'
11/20/08	monay
11/	Flup Bhert Kray result Shows RLE Phemmig
	Ale limbe. mid sols noted. Begged Do m'conthy
	will flup
	SILVERLAKE-KARRON-000317

NAME:	1Carrar Marión ROOM: 130 A CHART#
DATE	mygne.
TIME	Do M' colothy celled back and To one to
11/2008	Start on Avelox young WB gd to day, Maxifime
15/0	In NB gidh & lody for Ric Phenche q:
1	will centime to many - Ithahusky
11/20/08	0100
	VIS-98-9 80 16 100100 HIC
	inserted (B) hand, 10173 DUELONI
	merxipino Tetalose given es Tube
	Eseclings me de tolèmete d'avell.
10 /3	Continue to monited e los 4 c Pingmos.
11/2010	US 984-82-16-14/16 anelox/may
3/	Dadue 12 12 action - Hallock
	Dadrens vactor-Heffort
	Daretier o was - Local Rx done
	Postion order - Local Rx done
	comportable Voeden Os efeel older Bridge
116/	
11/21/	NS4 453 98 84 12 98/0 100/60 ABJ E Melox
600	lese prime lem SIDEXIDELEM RUE Preumario Gram
	and given an fir order apparent who alivan Pangrus
,	proded. Inned and positioned this Care dubits Care proded. mone bred cludy.
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11/2/108	Wighted
0930	of had repeat COR 11/19/18 That
	Pt had repeat COR 1/19/18 that Showed RLC prime Pt just brushed a comme of Melly 1 rocephers
	à consist of melle i vocipion
	90 Atch, Web witch
	, and the second
	Plo melyd
	(ant who = 11K
	MR? Ru inbellale
	- Just hundred come of IV My + was not significantly 1'd + no fem
,	+ was not significantly Td + no tem
	- well hald for they turnbor of

SILVERLAKE-KARRON-000318

NAME:	ROOM: 13017 CHART #
DATE	11/2/108
TIME	7-3
	Per- E CXR result showing COPD.
	(R) the promonion. Dr. Molant ordress
	to D/c all MBY & CBC 11/23 - SM CO
11/21/09	0166
Marios	NSB VIS-100:5 82 16 110/60 Tuleno14
	Cooling measures p'onvile of fer
	louremole Temps: Estube feedings
	me de polerate el well-2pm
	Temp 100, Cooling me or stines
\$r	repealed Continue to manitar
	elosely. Inammor.
11/21/	Wisy monthly assessment note lesident hant dependent
	remains alest and responsene to all Strongli Cognitive
	SIGHS to delection making Severely Impained Short /Long
	momony Poor. Vision adequate - eye starses. Heuring a degrine
	The Depondent of all well of House two assist for
	bath pericare one - dressing oral care lequined knd
	anable to ass 61- incontinent of B/B. frequest peri Care
9	diaber Changes principle di CIT Andres To Descation sence sus
	1/19 Dung gscepho and tolerated well. 2/2) side new 10 m
	Via pump grepho and Estenated well. 2(5) side news of when in bed positioning purpose s/P ABTE Avelox
	Cepepine IV to previonena Resident Res Stage TT.
	deepine 10 the previous Resident her Stage II. deeph is on Saerum gettig Silvadere dry 918 ~ PRN
	losidont is on faintnahad ment a pereo Cot PRN to
	pain 2 effect. Less HTWan Iron & 60PRN Nach, For
	antahm & anakly gren = effect. Tab Paxi / youngm 154
	coti 5 240 deuly depression. Feb Risperdal 1tel Crush
	via 8to 3 Hs. In deposission. Us stable- weight in
11 1 1 let	De cubili nore e-
11/09/02	Struct I Sugarum
	ne a sure a 2 x d cm = 5 smell a mount
	of broadish daninge geleing
	5: Wadene cream Dis- montinent
. 2	of BIB - speed skip penicane Frequent.
	cliaper à SILVERLAKE-KARRON-000379 - Cleam al

ans ROOM: 30 A CHART #\_ DATE TIME VSSalesl Old + BW (-)

AME:	ROOM:CHART #
DATE	Temps - 2pm Temps 9918 estube feedings mo de volesate al cuell-menital closly
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	Temps - 2 pm Tem n 9919 En Tube Condin
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	f. word.
	( man man).
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IAME:	Kann M	ROOM:	CHART #	
DATE				
TIME				
Pulm	monary Medicine			
Nam	ne: Karron,M Date: 11/24/08			
	e discussed with staff on rounds.			
	tilatory parameters were reviewed. Vital signs we	re reviewed.		
	rological status the patient is lethargic			
Hem	nodynamically stable.			
	re is no evidence of acute infection.			
	ent is not weanable from mechanical ventilation.			
	equation because the corp.			
Over	rall prognosis is extremely poor.			
	1/2			
D 1 1	I G: P			
Kaipi	J. Ciccone III, M.D. FCCP			
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26/18	Widia			
690	PT zen 1 exemud + cl	nort veryed		
V 1 3 *	No significant As	1000000		
	To used, All			
	flo unchips	7	5H=(3.66)-	
	(obs valed (1/2×12×8) (9.6)			
	The sound (in cital)	uy		
	(29.6)	,		
	MA (12.)			
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	Co. 1 M	0		
	@ pypothymed - Tet now			
	W	ill runt	V/h	
1	I and the second		1 /	

SILVERLAKE-KARRON-000322

NAME:	HOOM:CHART#
DATE	Illables- nee - Seen brink mecantul
TIME	11/26/08-Neg- Seenby DR mecanty Orderegel CRC from sholies in a cold lost
	HIH 11/28 9.6/29.6, TSH 3.66 ordere of TSH
	1 memmm
11/20/05	NS8
	$\sqrt{1}$
	measures provided text 1) Temps - 8pm Temp 98:2
	measures provided for Tremps-8pm Tomp 98:2 Estube feedings me als mested well Continue to menited closely. — Pinamos.
	Contract of the state of the st
14/18/18	Medl NS le
	Place + com. Plal verien
	1 see t com. I' all verien
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	PE BLBS
	Liss wind
	C133 WV~Z
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	Al-Rulherm new Spy Type all Thuth Toll
	The VCBC
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11/28/2	not
1110 411	Headed wal of M. Duer 14 8 Hemps fell
	Wild I May may Tom MICE ON YMAN O
	HI resulted into Comol. In Adde of Circles
	I marpen over as ordered V/S/01-Fizy
	10166. Tellust & Cothing measuris que
	Constrem filled lill month (8383)
	Culla Con MI + I will all all and of Mistal
	Sweet Grand Con from Carrier Con
	SILVERLAKE-KARRON-000323
	JILV ENLANCTVANNOUV-UUUJZJ

NAME:	KARRON: Mainico ROOM: 130A CHART#
DATE	MINSURY
TIME	9/15. 98.9-80-14-B/P 110/60. avelox & maxipine
11/28/08	contined for RLC preumonia. Bruse feedings sives
/	of tolerated incontint care provided . Turned & pasifond
	gistily made comportable as much as possible.
<u></u>	will deserve devely - The deviction.
11/29/08	Decibition of ex-
	me a sures 2x2cm & small amount of
	me asures 2x2cm a small amount of
	broodish dominage getting 5 il Varlone
	Croam & 5 & good results - Incontinent
	of RIR- good skin pericare frequent
	possible. wpB Once a cole and bedbat
	doily- prostation multivitemin &
	minerals provide al for he arling of
	Decubitus percocelitabest per for
	pain à goodresulls-Rosident has
	air mouthers - ODB -> R/c as tolesected
	Turned positioned or his in bed-
	Feederg pessentive 20000 BYH
	tolerage well currently on IVAB
	Avelox maxipime for RII proumoniq Albumin levellis 3.3 or 10/30/08-
	moniter sport ten 2/2. Trudition.
	months closely feet 215 f. marrison.
11 /20 /ng	NEG 185 987 80 /2 976 110/60 ABT = Core pine
117	18m and Divelo 4 ough 14PB TO proverse for DEI Presimance
	proceduring reaction Jurusel and positioned Der Cane
	ASG 1953 987 80 12 976 110/60. ABIZ Ceje pine Ignand Avelo yough INPB TO progress on per Pri Preumance so activerse reaction Justicel and positioned Deri Care.
2115	
12/1/08	NG7
6/2	15 99-78-10, 911. 15060. Mors - avulox/macrone
	to the youms, a Will in progress mis adverse
	15 99°-78-10, 97°: 120/60. Wors to autox/macrome The Ru youms a WRB in progress no adverse Neather noted: good she due & peri Cav. 7-19 320 providal. In feeding Tol: Well. of distress That
	orted - 11 genting out wing gentles
	Julian Ju
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AWE:	HOOM:CHART#
DATE	12/108-Assessment notes
TIME	Resident alex menteal
	la name responsive voul Stimule
	Cognitive skills for clairly clecision making
	moderately impaired longterm (
	Short term memory impaired uses
	Eye dasses - Resident somo Limes
	understands understood - He aring
	adequale Total dependant of is
	for butining grooming & dressing
	and pericaré. Tora la saistance of
à.	i for oral ceme - Two ox more people
	for Tourster as resinlent is unable to
	assist + Vent dependant OOBS
	Recar role suche of Incontinent of BIB
	Good Sin penicone frequent diapers
	makeepher deen us possible.
	Resident is on aliver impost PRN
	for anxiety of good results. Entubeliante
	Estube site getting maaloxaleg. Freeding
	peraline agon out merces well.
	nossof debydoaton cothis time -
	Sacrum appling silvadene Cream es
	E good resulte. 0 2 /2 Side serile Med
	Damo BISH Gent BiB - BiD montetand Drick Mrs
	colministraction Of ma dication. On He point
	for DVT Prophylaxis Dercocelitabell DKN
	for pain a Good results on larothyroxin
	some co deiply labe monitorel and will
	Currently on IVAR Avelox maxipime for
	Plipnoumonia Vital signs & St PKN and
	CONL- Fermily Visits Often - Continudo
	monited zlosly and report any is in
	resident's condition: - l'mainmon
	SILVERLAKE-KARRON-000325

ME:	CONSON MONION ROOM: 13017 CHART#
DATE	
TIME	
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12/1/08	Med WSZ
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	P25 BS: Hal RA
	1 100 Odl M
	Mr SIH- potry CBC 8.7 30, 18
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AME:	ROOM:CHART #
DATE	
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IAME:	Kanan m ROOM: 13017 CHART#
DATE	
TIME	
Puln	onary Medicine
Nam	e: Karron,M Date: 12/1/08
Case	discussed with staff on rounds.
	ilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	ological-status-the-patient-is-lethargic
	odynamically stable.
	nt is not weanable from mechanical ventilation.
	in good down to govern CORD
То-е	ontinue-present-regimine.
Over	all prognosis is extremely poor.
Ralpl	h J. Ciccone III, M.D. FCCP
11	
2/1/28	N) Sc1
371	Margine > Kht meren o Caduleige readien Nalcol
	Marketine > Kht meren - 8
	aduleige reaction Nalcol.
	Odeglien - glube peedings
<	Colorated antel poster od
	Clarated aurel postion out
12/21	NSG 0/5-> 989 82 10 100/60-1872 IVPB DWLOX
bm	NSG OSS 989 82 10 100/60. BBT = IVPB DWLOS Repspine 1-0 programs. IN act vesse reachen with Obs-Pihna Infact. B400+ UT feeding tolumbies well will Obs-Pihna
	Intace - @ Foot - Wi feeding tolualist well will Obs- Dyhum
2/2/08	- N 8X
	115-100,5 80 10 1001 70 Tylenold
C	obling me neures provide of for A Temps
1	NAB, SAVELOX mayipine for preymente
Ca	VAB Avelox mexipine for preumenter entid-sportent 98.6 es tube feedling re els volerated well-meniter
. 10	re els volesaled well-meniter
	= lotelli.

NAME:	ROOM: /30/ CHART #
DATE	
TIME	ns /
19/106	Thed B from MC Carthy - BXT Charlet
6/12	In Joel Change Brons
12/3/	(NS9 0/5 7 984 38 16 976 110/60 MET = ANELOXI
16n	Cesepine Ism IVPB in progress. No adverse reachin
	Thed, (B) from MCCarthy BXT Consects  for Joel Change By By John MCCarthy BXT Consects  (Asy ofs > 98 9 38 16 97 6 110/60 MOT = Avelor/ Cetepinic Ign IVPB in progress. No adverse reachen  who GT feeder the alie peut June (ac/positioned)
	peu Care, dwbis Care princled - Athor
12/3/08	Midical
0915	Pt seen + examind - chand reviewed
	No 5 yruhect is
	Chill Da ingo Ha
	It when the when the
	RICH
	AMJ SUL
	<i>a</i> ^
	My Chimic King Fealin Chut Degudent
	- ENT eval for back D.
	- add solveded on when you
	- and surrection in welly
12/200	
18/3/08	Seen by DR. Mc Cently For SOR
	oxlored Solumed 80 Lasmp IVPR
	ODV3 clace De Dre elviens
	will steat and observe the exceptioner
	OF TX Common
	SILVERLAKE-KARRON-000329

NAME:	Icerron memon ROOM: 130) CHART#_
DATE	Theys. Care not.
TIME /	1 The Piece was chicoles of 70013 98 Devienters
19/3	108 19 Welling Alburger C'role por 1 = 0001
1/3/	Or jos) I to 941. Seers By MD, cour ou AB.  Heraps blumedled ordered 125mg Q25° × 3days,
10	Heraps blumedled ordered 125 mg Q24° × 3 days,
	will dosely wowifer I hatolast
	will dosely wowiter I hatolast
1.1.	
12/3/08	
	0 VIS-100.4 80 16 100160 Coolingme assure
	provide d'Eré l'oudgrade Tempse IVAB Avelox and maxipine Cer proumonia
	IVAB Avelox and maxipine tex proumonia
	Conta. Solumodsol damo hven as
	ordered = good resulte - 2pm Temp 9902
10/0/00	Constitue to manited zlosly P. maroprof
APIUS	Make and upp a Durister of Mk alpho 11
IOP	Mayipine 14B a Dministered 1/5 9868216
	100/74 O OSLESS. 4/C CALCET WILL
	MOMITON TOUCH
101.01.1	4 Kin
12/4/06	16 39) 8- 11 8/2 Bollo 74/20 7 100/11/2000
617	45 982-82-16. 86" Pr/60 ZUBBZ avelox/ max. gen
	reaction noted. Solumedul Con't. & Rospedistre
	0 1 1 0 0 5 7 - 1
	noted good still care a peri care . 12 p 32
10/11	provided will con't to monitor - gorg
115	371 US 993-80-14- DIB ABT es
	and of the training of the tra
	and the fine of the same of th
	adverse Geach or Doled Heflet
	mach & palont , - position o my
	of oar still of our of of o
	canfordable Brickenald
12601	NSy ups 2 982 38 14 110/60 9670, 1935 - Avelor/maripung
6an	Con time of to no actions Martin asked. Genue of a of pasion of
	Perji Care, dentis Care proded (1) feeding tolical week
	No do trus notes this tour Will continue to month - on month
Sam	
	14/k infultralia. Resoluct to E) foot Bo
	ш.

NAME: K	auton M- ROOM: CHART #
DATE	
TIME	ne.
10/5/08	1 8 45 98-78-11-10V/6D. Lantdon & Dolumed me
BIN	Sinn Guell VI Making en de dellaro o
0 111	HII. (1) Chat Winder mount will mount for
	1 Para Para para para para para para para
12/6/50	NS4
611	4698-80-16. 96 10/6. ZVBBZ avelox/marpine Typs for prevening s/p solumeded. no advent reaction noted-good slaw come peri come Tay 300 provided. Ith B foot on take, no distress moted. Will cont to month - guye
010	Type for angenin sto selungene on achler
	reasting noted and star course Dear Course Tour
£-	320 manifold it B boot on thet me district
	m ted Will Cont to month
12/6/08	Decubiti notes.
1-11-010	Strage TI Science mo 200000
	axacro E small amount of bloodish
	drainage getting Silvadene Cream
	18-5 - Incontinent of BIB Good 5 Kin 1.
	Pen'Corre frequent alupers onal
	Penicare frequent clupers and Keep her Eleanous possible- CoPB
	once a wic and heaf buth clarity
	Prostat 101, multivitamen z minerals
	provided for healing Of Decubirus.
	percocet i Tab ext punter pain a
	Good nesuls - Eurnently on VAB
	PAVELOX maxipline for BUI Prelimenta
	Resident heis airmouthress-
	OOB -> RIC or & to le voite of Turned
	positione of 82 hrs in hear. Feeding
	persontive 20000 out blesales app
	Dibunio leval is 3-3 on 10/31/08- manited
1	clerkly Ed 1's. P. Marmon
12/10	
100	TIPLOIT DIRECTION CASURESE
	100 CELONS 9 PUSTICES, VIS 98780 14 140/00
-	Sal Color
,	
	SILVERLAKE-KARRON-000331

NAME: Kamon Marwox ROOM: /30/7\_CHART#\_\_\_\_ NS9 0/5-2 12 MN 094 50 12 98 / 130170 UAM DATE Restremp = 989. ABTZ Avelox / lefe Pime IVPMXIO TIME on days in Preumonia last des of Cyipinegren @ 6 pm. No adverse plachm roped. Luned arelpositived pericane privaded noa NSC . 12708 v/s 99.1 88 16 110/68 IVAB Maxipine last dose given No odverse waiction noted. PM core provided in mode computable in (Opm) will confinue to load. No msp. distress noted @ this time. monin Meda Não 12/8/08 Pt sure sall Pt in VSS-della 1,35 HR-RA Ly com Ash Robins Mulus 23 Lists Cla Mr. Mary I had May 46 Ax Ut 11 del. Aldra 19/08 re young via er

SILVERLAKE-KARRON-000332

IAME:	HOOM:CHART#
DATE	the effectivheas OF TX. Pineimman 12/8/08-NSC. VIS-99.4 80 16 120/80 TSt clay 5/P Avelox maxipine for preumenta 5/19/14 SOB prealiseme 40mg given a good results. Continue to mediter 6000/14.
TIME	12/8/08 - NSC VIS-99:4 SD 16 120/80 756 2000
	CIP Avelor marina (Com
	SI COLO COLO DI COLO D
	signe sob predictione done given a
	good results. Centione to metalled
	closiy. P. mammor.
91	Dogwood
10/8/28	Respiratory Therapy  Fracheostomy Tube changed by ENT.
10/00	Consultant Dr. Bhyanni
1-3	Date: 12/18/98
<u>\$</u> .	RT Sig.: A. Seliolo
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AME:	Cauch Proom:CHART#
DATE	
TIME	
Pulmo	nary Medicine
Name	Karron,M Date: 12/8/08
Case (	liscussed with staff on rounds.
	atory parameters were reviewed. Vital signs were reviewed.
PIP-ac	ceptable
	logical-status the-patient-is-lethargiedynamically stable.
	is no evidence of acute infection.
	t is not weanable from mechanical ventilation.
This is	s secondary to severe COPD.  ntinue-present-regimine.
	Il prognosis is extremely poor.
Ralph	J. Ciccone III, M.D. FCCP
raipii	v. croome in, wi.b. i cer
10/10	Le BON Con
12/19	08 Yest. Care note.
1.3	pendeus has a new order to and PEEP-15
	to vait settings. D. Tohal
1.60	Media
(who	Pt reen & everynd & chant ronning
0310	The Sallt of Classes
	on syntat clips To Week when she
	(0 0000)
	Plo mudya lelos mod (12/9/06)
	1 223
	Me / Maria
	- Stout hun supullinhan
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NAME:	ROOM:CHART #
DATE	12/10/08-Neg-Seenby DR. me. Com, Orderel
TIME	Ferrous Eulfalte 32 amp via est 012H fel
	VH H- 10.4 32.4 cerill startend observe the
	effectivness of TX. P. mammor.
12/10/	08 2139
10/14	monthly nuxing assessment-note.
	monthly numery assessment-note.  nesident remain yent dependent, about and oxiented
	to name, cognitive, sleits for daily decision malary
	moderally impaired. Short and long lors memory
	8008. 915100 adequate lye stasus. Heating adequat.
	The reguires total affintance & ADC person agent
2.	for oral cape, combing efe: and is person assit for
	dressing, diaperchange pencane etc: 7 persons and
	for Hamsfer and wpB. Bed batt siven deily
	and cops, provided xI while oos to planes
	as tolevaled. Resident is on grube feeding
	peralive 250 ml Q4hs = H20150 ml Flush Via
	entral pump @ 9500 /br. Wely cols mondored.
	present wis 186. / Us. incorport of B/B. swel
	Stein pen care provided stein integrity in sort.
	percoct 5 m/3 25 mg 1 Cat VIa 5T Orbin pro for pain +
	Xanax 0-254 O lator for anxaty mir
	paxil yong 6 Am, for depression, Risperdal 0.5 mg
	(B) Bed time for psychosise lot populated to
	Sacral decubitus. Tyrned of Positioned
	alshyly. nesident in on the matteen. nentirolog
	Care provided. Ils mondoned gishist of prin.
	2 / side raily 9 while In be of for positionery &
	propping. 350d family support noted.
	made confortable as much as possible will
1	Confine to observe for any changes in
	general Cordilion, 3/p M31 for preu mome.
	3/p solumedial. prednisone som via GT x 5 derys
	Since 10/8/09 11/10/12/08. coil contine to
	monitos closely - the steaters
	SILVERLAKE-KARRON-000335

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES NAME: DATE TIME Pulmonary Medicine Name: Karron,M Date: 12/15/08 Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is lethargic Hemodynamically stable. There is no evidence of acute infection. Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. To continue present regimine. Overall prognosis is extremely poor. Ralph J. Ciccone III, M.D. FCCP 80 16

NAME:	ROOM:CHART #
DATE	
TIME	
12/17/08	Med NSto
	It seen on voly allrend. It in hely sopper
	USS ref
	PE Bable detas and Powelly Opingibs. Occas many
<u>F</u>	Oplan sild 2t
	p ? Ochony of Brilly
12/19/4	Molica
08.10	Pt had snews of @ autill
	ns ohnen hamo
	To Web niled
	Plo undyd
	Krays 12/18/W = DTD, M. Fris
	My @ guld - well number
	SILVERI AKE-KARRON-000337

NAME:	Karran, Munn	ROOM:	CHART #
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12/12/Ur	made (is)	,	
0948	Pt seen + erecrud +		
	VI rein + electrical +	Ti	
	Pt à m complant	Л)	
	48 Aft, Vitels who	d	
	Alut, chanels clast: CM & Mr		
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	- in March	ed .	
	- pulm	my eval to	chimic predum
		of pt requires	Chumit preprint
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ntin-			
3/18/06	Ref	$\overline{}$	
2/12/08	Clieting:		
		200ml 94h w	ill H20 fluxa
	of 150 ml 94 at 9500 lh	1. Total Cal -	1950 cal, TFU-2100 cc.
	releding is taleated w	ill. Clerrent le	8-13616s. Bret -
	Elisia Coccidente del	There Again	non is good.
	on Proplat 101 mar to	10 an addition	re. O calmi al
	2000 cal / day. She als	o pereme Me	11 E minerals for
	additional shillition	suppost, La	l. 12/09/08 (LB1 (3.3)
	1 Nte b (10.4), Utto (32.0) - 6	en Vit by due	to hx of ETOH
	Res continues Pealine of 150 ml 94 at 95cc/h reeding is Ibleated w 19.0 - on acceptable int Shin - Recubil: Stage on Prostat 101 mcc to 2000 cal Iday. She als additional muliition INTEB (10.4), Itto (32.0) - 6 Cutius Ca - for lestergon Melyward, Will come	des HTR- me	el contituted on
	over pure, will cont	INCIENT RY WILLIAMS	E I LA TI LIBOURINETI

SILVERLAKE-KARRON-000338

NAME:	NOOWICHART #
DATE	12/13/08. Derubiti notes
TIME	Stage I Scroven measing
	2.5x2.5cm Clean small amount of
	bloodish drainage getting Silvalone
	Creamas pNIS wash-Incentitiont OF
	BIB- good stin pericane frequentalicas
	Donal keephor elean as possible!
	wpB once a we and be abuth deily
	prosent 101 multiviramen c minerals
	provide at few he as line of Decubing
E+	results- Resident here gir mouthress-
	DOB > Places rolerated - Turnoof, positia
	@2hx in heal-feeding perserting
	a socce aut to lescules and of monitor
	closing for sis. P. mormon.
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	no redness or provides me and > When
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2/ (84	nidice
OU.	Cycle wir In
	egece work great
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	SILVERLAKE-KARRON-000339

ME:	ROOM:CHART #
DATE	
TIME	Podiatry Note:
2/2/18	Toenails are dystrophic, discolored, brittle and
	thick. Mycotic toenails are painful and may cause
	secondary infections/ulcers if untreated
	Impression: Dermatophytosis toenails
-	Treatment: Debride toenails
	Recommend: Foot care 2-3 mos. for mycotic
-	toenails
	Podiatry Note:
	Non-professional care hazardous due to circulatory
	in a sign cont
	Findings: padal temp change noted; thin, shiny skill
	feet feet red on dependency; absent pedar
	hair; burning in toes periodically
	Impression: onychauxis, PVD
	Treatment: trimmed elongated toenaus
	Recommend:prophylactic foot care 2-3 mos. for PVD
	1 / 1
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AME:	ROOM:CHART #
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	SILVERLAKE-KARRON-000341

	INTEGRATED PROGRESS NOTES
IAME:/	Karron, Marion ROOM: 130A CHART #
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TIME	Decupite mile Resident has pronum SII
12/20/08	derutitie mensines 2,5 x 2,5 cm. c pm ant of
ISN	Perosampoiro dos molas o fellodos molas.
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	an Principle 5/305 The sale for Verin Capad provides
	Resident exceptioned of 1810. Hour pain god.
	Children Sund & Douthoud & Other Misigent
	ON Peralux 250ce 540 Lident tof will.
	19010 M ( LAD MA) " GIVE WILL WEEKER RELEVENCE
	doubt Prostat of 300 THON MUIN mendersely
	If promote wound feeling allumin 3.3 /0/30/200
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NAME:	ROOM:CHART #
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	SILVERLAKE-KARRON-000343

NAME:	Couch M ROOM: 30/7 CHART#
DATE	
TIME	·
Pulr	nonary Medicine
Nan	ne: Karron,M Date: 12/22/08
	discussed with staff on rounds.
	tilatory parameters were reviewed. Vital signs were reviewed.
	sological status the patient is lethargic
Hen	odynamically stable
	re is no evidence of acute infection.
	ent is not weanable from mechanical ventilation. This secondary to severe COPD.
	ontinue present regimine.
	rall prognosis is extremely poor.
	fl/.
Ralp	h J. Ciccone III, M.D. FCCP
12/23/00	N 3-P
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	maggines Dadilide de la lornascola
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	me all note suite of well-monitor closely
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	(els suched (12/23/w) > TFB W
	M hypollynd - no Ds h walnud

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Dissolu Con Describente de la mental de la la mante de la mante de la mante de la mante de la mental de la me	en ster ount of gelli be good a cool ole cur up por upins.	scipel ena silveralen ena silveralen ena serican peric
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blooclish discipled  Cream of pils curus!  In continent of BIR-  Frequent dia per  hex clear as possible  and be albath dais  multivitamin a min  For he a line of Deco  " Tab orth for pain a  Resident here air  as poleranteal Turn  By box in beal. Free  sea ce of the color of t	gelli be good a mal	silvalen sol results skin penican keep ob once a culc
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Frequent clica per hex clears as possible to be allowed of Decare the action of the contract the claim of the contract the	of mal	oskut 101
nex clears as possite and be alharth claric mit for he a line of Deco in the action of the contract of the con	y por	oskut 101
end be abouth clais  multivitamin a min  For he a line OF De a  " I Tab exit for pain a  Resident here air  as poleranted Turn  es how in beal. Fee  sence of the toleranted  Thosely Con a's.	escal	35 tack 101
To he a line of Deco 1 Tub post for puin E Resident here air as toleranteal Turn 82 hox in beal! Fre 200 cc off tolerantea Thosely Con a's.	ebihis.	1 1 1 1 1
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SILVERLAKE-KARR		

NAME:	ROOM: 13 O GHART#
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TIME	
Pulmo	nary Medicine
Name	. Karron,M Date: 12/30/08
Case	liscussed with staff on rounds.
PIP ac	atory parameters were reviewed. Vital signs were reviewed.  ceptable  logical status the patient is lethargic
Hemo	dynamically stable.
	is no evidence of acute infection. t is not weanable from mechanical ventilation.
	secondary to severe (*(1)P1)
To con	ntinue present regimine.
Overa	ll prognosis is extremely poor.
Ralph	J. Ciccone III, M.D. FCCP
	v. croosite in, ivi.p. 1 cci
-lades	Mindia
2/31/18	Midual
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	UN WIN CAMELLY
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AWE:	ROOM,CHART#
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TIME	Perdent Ment Verented to rame:
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1/1/1/	Abos to land turne considerations
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	Sometimes makes ord renderstand understand
	when postum to searing adequate. ABSHC:
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	the care post - latering pari and i massist
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	care equal surner gamenaxion of 8 4 mil.
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	de noted of Soul plus noted believery silvadine
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	distrib motion All menter - Brogge
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	SILVEDLAKE KADDON 000347

Silver Lake Specialized Care Center

	INTEGRATED PROGRESS NOTES
NAME:	Lavin, Maur ROOM: 130A CHART#
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	and pusiboned Silip Care dubit Care prince diffet
	lemp > 996. Will Continue to moruh kmp -> Ahark
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1/3/09	
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ME:	
DATE	
TIME	
Pulmo	nary Medicine
Name	Karron,M Date: 1/5/08
Case	liscussed with staff on rounds.
	atory parameters were reviewed. Vital signs were reviewed.
	ceptable
	logical status the patient is chronically vegatative
	dynamically stable. is a non specific infection.
	t is not weanable from mechanical ventilation.
	secondary to severe COPD.
	ntinue present-regimine.
	I prognosis is extremely poor. We will check a CBC, cultures and an CxR.
	Wer
D 1 1	
Ralph	J. Ciccone III, M.D. FCCP
total	Dulmenay Lounds dine by
15101	NIR (accome) - 12 to P temp 102.5
	Production 20 of Congression
	indeed Cisco Black Cicx 2 CX 12
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	gitube Aluft es cholored
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	Depost temp 100 - made
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012-	fencing, wine Specimen objuiced in all of their
	long amt of Secretion Surlived Trebulizer To gun Turner
toon	and positioned, Skin Can dubitio can produce intellable por
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	0 V/5-101.9 80,16, 100/60 Tylenold
	Cooling me asures provided for
. /	Provided To Type Feedings meds
	marida al. 175 Tube fee as ines me 18

NAME: X	ason.			ROOM:		IART#	
DATE TIME	10.	certeal lineme					
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NAME: LUMON MONON ROOM: 130A CHART# DATE TIME NSC-TUND Avelor Markinging Continue monited es porvidos Tem Franklin Printing 718-258-8588

SILVERLAKE-KARRON-000352

NAME:	
DATE	1099
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	Japan Compagno
	Controlle BMCDara Od
1/9/09	
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2.	Cone & pen can. 7 - p 32° provided. Will cont
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1/5/19	Nudu
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	Pts mulyud
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	OILVEDLAKE KADDON 000050
1	SII VERLAKE-KARRON-000353

Cerror menion ROOM: 130ACHART# NAME: 19/09-NSQ- VIS-100-9 86 14 110/70 Tylenols DATE TIME mexipine for Rmincillerate rential. De cubilicene provided. Es Tube Temp 999 Cooling me DO- 816. 298 1 B 110 160 Condonial as gral along in Profiles. monster 100,70F Coolap nun lought Resolund's Alines of some SILVÉRLAKE-KARRON-000354

NAME:	ROOM: 1964 CHART#
DATE	230 CC & 41 W. Resident en Prestat 101
TIME	Blee, OTD & MULE murel, Ed to servere
	wound Realine Albumen fivel 3. 3 10/31/08.
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	tolory of these Cot I link an ordered will obs - Arbara
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1/11/09	NS6-
7-3	Shi under track color chebra -
11/20	us akin problems noted > 26 cag
111/09	VIS-100-3-80 16 110/70 Cooling
	me ensures provide el fer locu grade Temp
	IVAB Ave lox maxipime for Rmc infilterate
	Contid - estube fee alings me als plescules
	well. 2pm Temp 99.3 meniter closiu.
1 1109	Pinamman.
31	VS 1018-80-16-110/70- TUPO-100 T
	knowed bath stuse think as
	added - position & tills - tocal
	RX dene go andored - replace
	what I part I proposed on the state of
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	made and contable small
	OH VEDI AVE KADDON 2000-
	SILVERLAKE-KARRON-000355

NAME:	Cery son memon ROOM: 150 HCHART#
DATE	NGH
11409 610	15/0/3-18-16. 97° 10% Tylend & Cold fingle  path give a pris 7 Avelor 1. maxipin In  Par infiltrate in progress, no adverso weath  noted. grad 56 and a pen con 7 of 32 proper  Rop7: 9,96 a 44 . Will con't to month
1/12/09 -	Cycle hade day - 1 BG, WEX, CH, Cla
11209	Resident is on Aveloxmoxipine  BCX2 CBC CMP, CXR, UA cls- will  Observe  Nog
	Cooling me ascure d' provide d'fer l'Tempse- Es Tube fre a l'ings me el 10/e sartes avell-2pm Temp 100, 2 Cooling me en eure s repe al e al-monder Clesty Timoumos

AME:	
DATE	
TIME	
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NAME:	ROOM: 30/7 CHART #
DATE	
TIME	
Pulm	onary Medicine
Name	e: Karron,M Date: 1/12/08
	discussed with staff on rounds.
Venti	ilatory parameters were reviewed. Vital signs were reviewed.
	ological status the patient is awake and alert
Hemo	odynamically stable.
	e is no evidence of acute infection.
Patier	nt is not weanable from mechanical ventilation.
This	is secondary to severe COPD.
	ontinue present regimine.
Over	all prognosis is extremely poor.
	fill.
Ralph	J. Ciccone III, M.D. FCCP
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11/2/19	They
1 HAM	ordered to de Guelon industrience - Luby
	may to de agelor mayipinge Jupa
	Copling maderes ques will monitor
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1/13/	NS9 1002 79 16 95/6 120/60 Cooling meaning
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	well. I mued and positioned per carry dubits come
	prodet. Wine Specimen Obtalie of for 414 cb. Will
	Continue Lemonahi kmp - Bihough
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NAME:	Karren Manan ROOM: 132A CHART#
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TIME	provide al Con low of all Temps - es pube
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	Decubité Cene provide d 2pm Temp 10017
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	this tour will continue to moriting - ATheona
	SILVERLAKE-KARRON-000359

NAME:	Kaywa, Mone ROOM: CHART#
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	(12.8) (33.Q) 222
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Hula	NSE - Land
	WFY2NSIL over 12hts x 1 clay (mp)
	1/16/09 - Pimeimmen
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SILVERLAKE-KARRON-000360

DATE  TIME  I INIO NRG 7-33 45398-80-16 110 70. Euclewated by  De. M. Carther and 12 NSIL 012° x ldws  ordered. IVL on R arm not functionungt.  New line started on R foot due to  inchalate to End acress on hunds larmo.  22 graf angio catholer used T good blood  18 hun- will myniture.
1/4/09 NRQ 7-33 15398-80+6 110/70. Euclasted by  Di. Milather and 1/2 NSIL Olze x 12 wife  ordored. IVL on (R) arm not functionary.  New line started in (R) Foot due to
De milater and 12 NSIL OIZO x 12 Color of ordered. IVL on (R) arm not functionered.  New Dine started in R) Foot due to 8 incharge to Enducero on hundre larmo.
Dew line started on & Foot due to
New line started on B) Foot due to 1 inchalate to Enducers on hunds lamo-
inchalate to find acress on hunds lamo.
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On 1 sax Fluids indusing no inpulsal
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1/15/09 NGG
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Ga 1806. Fyll Given at flush as or duech. aboling measures
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1 (16 NSG Down ofes 99' 28 16 976 100/60. Mpthop)  Ga 1006. Fyrel given. GT flish as as due of. atoling measures  princle of of feeding tolucies well. Furned and  positioned, Sien Care, peri care, dubiti Care princled  SIP I.VF. Will Observe Arbinoma
SIP TO WAY OBSERVE
SILVERLAKE-KARRON-000361

NAME:	Karvon, Marie ROOM: 130A CHART#
DATE	
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	monèter ela sir emamos.
1-16-09	Musin
y: 300	MYN 71 - Dr. Mc Curthy ordered, to i Flush
. ,	to sooce Oyk X2 dup. BMP 1/17/09 CRaz
, ,	Musing MyN 71 - Dr. Mc Centhy ordered, to i Flush to 300cc Oyh x2 dup. BMP 1/17/09 CRay
F16/09	nusus
8-11)	VIS- 100-80-16. BIP-100/60. PBUN. GTUBE Flush P30000
	OAb X2 days of siven as oxolered. Grube Ceedings tolgrass
,	Spor Tenp- 99.9. Turn of of positioned growing 800-09
	Stin pen care provided will observe closely- Fredericker

NAME:	Krinen Marian ROOM: 135# CHART#_
DATE	noa.
TIME	Decepte note Thousand consulderent
	Stage III measures 5 x 3 cm i omant dy
	Gellow slough a smant of Deriograpous
	ay noted Offullage motta . Keckery
	full mount and pulvadene granound
	THUS 980 PM for pain appointed to Person
	ander matthese leadest on Prostat
	10/30ce 171) to promple wound harry
	4 albunia 36 4/8/09 88B > 40 as toleraled
E-	Without weekle Tad back dule thousant
	on Voidling 250 ce, gul tol will. almontinent
	of bib Royal Ment plei fareguen dunces
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1/18	alsey U/s -> 998 88 16 98/0 120/20 Rpt top -> 100. Cooling
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	well tured and Josinoned skin care ferri care
	derbib Care from cled. I - Athern
1/18/09	
2-11	V18 99.4,76, 16 BIP 11860 + Resident restur
0-11	vis 99.4,76,16 BIP 1860 + Resident resting
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	SILVERLAKE-KARRON-000363

NAME:	Rarran, Marcan ROOM: 1304 CHART#	_
DATE		
TIME		
1/19/01	Medit pory	
	Pt seen in only Resty rafely is but seem	
	V35 rles	
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	A 6 Abul his - TBin 	
	B Aren Still	
	Chill Mush	
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		Franklin Printing
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SILVERLAKE-KARRON-000364

AME:	ROOM:CHART #
DATE	
TIME	
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	SILVERLAKE-KARRON-000365

Silver Lake Specialized Care Center

INTEGR	ATED	PROGR	ESS	NOTES
EB W G Brown C B B A	O D Dans line	n n n e e e e e		in an area in the same of the

*	Karron, M. ROOM: CHART#
DATE	
TIME	
THVIL	
	Pulmonous Modicine
	Pulmonary Medicine
	Name: Karron,M Date: 1/19/08
)	Name: Karron,M Date: 1/19/08
	Case discussed with staff on rounds.
	Ventilatory parameters were reviewed. Vital signs with the signs were reviewed.
	Ventilatory parameters were reviewed. Vital signs were reviewed.  PIP acceptable
	Neurological status the patient is lethargic
	Hemodynamically stable.
	There is no evidence of acute infection.
	Patient is not weanable from mechanical ventilation.
	This is secondary to severe COPD.
	To continue present regimine.
)	Overall prognosis is extremely poor.
· ·	Frogress is extremely poor.
	Ralph J. Liccone III, M.D. FCCP
	1 , , , , , , , , , , , , , , , , , , ,
1	
2/10	
2009	1059
311	US 1504. 82-16-B10150/80 Sanged
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	as andred - a like feedenis
	90 41 110
	Colorall & fuell - Cope at leng
	To A super bulk - Pomcoinally
1/09	NG1.
60	V/3 1008-78-16. 96 120/70 Tylenal & Cold sponce
0 11	13 100 10 10 10 lyconge
	bath given of 129. Regit . grad s/c (an
	& pen cone. Top 32 provided. Gh deecing To.
	Well. Will con't to monitor Coche -
	Ngs.  V/3 1008-78-16. 96' 120/70 Tylenel & Cold sponge both given 8 pg . ggg gnd sk can  & pen cone. Top 32 provided. Gh deecing To.l  Well. Will con't to monitor locky grap
1	

SILVERLAKE-KARRON-000366

NAME:	ROOM:CHART#
DATE	112109-Nese-VIS-9919 80 16 Cooling marines
TIME	provide al- apro temp' 100,6 tylonold
	Cooling me ensure & provide of monitor
	ciosly fingment
1	
1/21/09	Monthly Nystag Note.
11-7	Res Cont Care in an SNIF setting Cogmhue skill
	Br deily decision making a moderately impaire
	Imprired long a chort term memory impaired
	to make self understand a some finderstand often
	To waite seit endering good macistand offer
	Total dependence for bathing dressing oral of peri coure transfer require, two or more people
	milater a chairfast and wheeled in rocking
	incontributed of B not porteted social isolation 20 limited physical ability indication of
	20 limited Dhysical ability indication of
	anxiety exhibited by Folgeting Physically
	abusive perhower, pulling tables failure to
	anarety exhibited by hayeting physically abusive behowing pull tubes failure to get ook
	monthly patental for accident 2° decrease when the get up from w/c mpaired juggleng; as feep orosis GT, Pulmocare 25000 Q 4 hours
	Immobility. Potential for accident 2° decrease
	the opposite of the party of th
	A DS PODOIDSIS (a) MIMOCOTE 23000 CU 4 MAIX
	Linia detention 2º cognibe state & use of psycho-
	message Mentinen BAR 2/2 er R
	Les self position assist will cont to monitor
	50 epellodate Rni
1/28/09	my
/ /	Sound Odenbifus Jethny Worse, Neerotic and
	Jednen around: To Jahlained from
1	100: M Canting for surpred commit - Own 15 wife
1 hadra	15 99 18 d) 18 120/80 - Hrenning
1010	11/1/5/10 2 - 89 - 12 RID 96/50 (8)
	In land of someof & like Olym
	Pla endered Ipperden Dollar
	1 US 10 3 2 - 8D - J - BIP 9 5 / SD Mens & Dongo - 9 bibs plush Condied - Planter Dollar Dollar Colar RX planter as andered
	a tube fledings tolerated weel (DBS)
	We so at temp ( & 8 3 102 - Tylend)
	SILVERI AKE-KARRON-000367

NAME: Kerron Mana ROOM: 30A CHART# DATE 6 B Midred) 73/19 sen + acumal , their remains 40 They (U) Chut: CM rin ml- all Synchrend Secret death lobo nuter crex (1/12/18) - regulary reme while Mp. O Sacral deculs - sugues eval @ herma - will cutinuo to number

SILVERLAKE-KARRON-000368

NAME: Karon, Marion ROOM: 130 A CHART #\_ DATE TIME Rececit made Conjutable to Jaseil 78-16 13.P. 10/60 Care possided. Decubiti notes-TUB SUCH SILVERLAKE-KARRON-000369 et rest

NAME:	Cerson masico ROOM: 130A CHART#
DATE	Resident has airmoutiness ODB-3RC
TIME	as rolescated, Turne of poeitione of orbos
	In beal fee aling percutive as occ
	BYH Dole sales well. Albumin leval is
1	3.6 cm 1/18/09 moneter closely for 2's - Consumor
1/24/0	NSE VIS-101.6 896 16 120170 Tylends
	Cooling me a sures provided for
	NTempe - 2Pro Tema 100'7 Tulenol4
	Cooling me persure of repeated on Tube
,	feeallings/mg el a voleson le al well.
1011	monitor closiu Emainor.
109	4 copling measures, Repeat teling
10	O LOOP A M MODELLA PROPERTY TO
\V	100 grand states
25/	NS9 19mn 6/5-21012 88 16 974 110/60. Lynd gwen.
100mg	Our flush on orduces. Cooling means produced James
11-7	and positioned good skin Care, dubits come prinder
	UT fredry tolure ead well aptiemps 10,12 Typul -Cooling
tom	hearing repealed will continue to mouth Brham a lpt 10mp > 100F
1	
1/25/5	7 NS6 n
9:451	o Tesident continues of temps
	T= 102 @ 8 AM B/P 110/60 Pula = 80 R-16  ABT i IN Maxipino & Zu fre los par ed by
	Dr. Curens on 1/11/09 for R146 letter to
	because resident wien still running I tomp
	acept 118/ for 6 days box, Cos can can
	UP Co all revelled on 1/12/09, YR results
	configured revolving QHL infiltrate, Blood
	The = 12 & Kished to a political and 1/18/16
	Than 1/19/09 then began spiling lovers between
	1009 -7 103 tel todas 1024. Repent CBC on/12/109
	1/1013 (= 12.8. Risedont wars offeling from 1/15/09 then 1/19/09 then began speking fevers between 1009 - 103 tel today 1024. Report CBC on/121/09 showed WB (= 7.5 w/h -> President Lad
	Stage the when to searner which
	Rough tensulod to STARE ( or noted

TIME  on 1/21/09 dewliter note: If sidered  surgical consult - still pendeny  wher continues to determinate - n  completely covered in black / Bur  sacher = reddened four smeets  Bosses: when is extremely four  smelling. Call placed ento  Pr. McCarthy to discuss ABT  therapy & charge in the 2° to  persistent therapy in the 2° to	we
on 1/21/09 develitur moto: III sederes  surgical consult - still pendeny -  uller continues to de terrisate - n  completus cone de la black / Bion  sacher = redeleved fout smeets  Bosseus: ulrer is extremely four  pruelling: Call placed ento	we
on 1/21/09 deulutur moto. MP sederel surgical consult - stil pendeny - wher continues to determinate - n completely covered in black /Bion socher & reldened food smeets Bonsens: when is entrewely four smelling, call placed ento	we
surjected consult - still pendeny - wher continues to deterrisate - n completely covered in black / Bion socher = reddened food smeets Bonsens: when is entrewely four smeeting, call placed ento  Pr. el courtly to discuss Alt	we
completely covered in black / Bur oacher = reddered food smeets Bonsers; when is enterely four smelling, call placed ento	we
Bossers; when is extremely four purely formed and such as the such as	<u></u>
Bossey; when is extremely four smelling, call placed ento	
puelling, call placed ento pri McCurthy to discuss ACT	<del></del>
puelling, call placed ento pr. McCurthy to discuss ACT	
prilicantly to discuss ACT	
fr. McCurtly to discuss ACT	
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1, Dec.	Aure 1
1/25/09 NSG:	
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a'von Decubiti Cone provided.	
es Tulore fee al informado holeral	ied
well apm Temp agib monitor Clorde	1
P. Mamma	2 '
SILVERLAKE-KARRON-000371	

E:	Consus marriar ROOM: 1301 CHART#
DATE	NSO  VIS 98-78-16 96! PO/60. TUABE avilox / PRANGE  ROPB for infected deepiti in profess. The  advene readon noted. P/C (P) hand intact  G/A feeding Tel. Well. Ariver /m provident for  anxiety z effect a /27 N. good skin and a period  Can provided. To 17 22. Will Con't to monion  Rep71 100' 6 411. Cold sprays bath. Sur egref
1120/159	MilNSte
	Pot seen on rules Pt 12 of colly, che son
	NES-alella FL M Thyloz. 4 1/19/2
	PLE DE DE SUL
	He Dos he Dob
	Dold Sul Peusla - will To ul Andor - will Mul - will Mul
1/26/09	Seen by M. Brumo by Flap of Henry and AST. C.B.C. CMP Ordered - Gleenlewitz
	SILVERLAKE-KARRON-000372

AME:	ROOM:CHART #	
DATE		PR
TIME	·	
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		Franklin Printing 718-258-8588
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	OUVERLANE KARRON OCCUR	rankli
	SILVERLAKE-KARRON-000373	- 1

	INTEGRATED PROGRESS NOTES
	Karron M ROOM: 130 A CHART #
WE:	CONON, III
DATE	
TIME	
Pulm	onary Medicine
Nam	e: Karron, M Date: 1/26/09
Nam	Date. 1/20/07
	discussed with staff on rounds.
Potio	ilatory parameters were reviewed. Vital signs were reviewed.
	deeptable
	alogical status the nationt is lathereis
	odynamically stable
	e is a non specific infection.
Patie	nt is not weanable from mechanical ventilation.
	is secondary to severe COPD.
	ntinue present regimine.
	all prognosis is extremely poor.
Ralpl	J. Ciccone III, M.D. FCCP
27/09	NSG USS DEMON 7014 84 16-18 976 100/60 July
bon	Cooling measures formeled to flush as ordered 1237
	2 D'veix / Cefe pino 1-V PB Continued HIK Intact Dhance
	atteching toler aled well. Apt 1emp > 998. Will Contract
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2000	· ·
1 SAU	
	Cooling me assures provided for ! Temps
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	remains ne crotic to foul oclar
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	well 2pm Temp 102 Tylen of Coolin
	me agures repeated monitor
	- (0) S(4) - 0. m & 10 hou
17	AKO:
/	Pologie I III on advasa laceta
	Copyrine Cont IV no adverse reactions
	MULA VI 97 80 16 12960 WILL MONITOR

NAME:	ROOM:CHART #
DATE	NAS
TIME	45: 337-87-16 351-120/62 TIMBT- QUILLE 12
1/28/	15: 39?-87-16. 37! 120/60. IlMBT avilox/maxipor Brindestal death' in progress. no adversa loaction noted. Mr Darm intact, grow stor can peri care, 7 a p 32° providul. 6/1 feeding 7.0. West bill con't & monion.
6 AV	reaction noted. Mr Darm infact, cook Sh - Can
	pen con Tap 22° providul. 5/1 feeders Too Well
	Will con't in monion - gent
. lambua	Muchael
1/20/09	Pt new & executed of chart reviewed
1 000	1. There is considered in the first
<u>t</u> -	To Whole rubed, the
	clut cm
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	(ah mbed (1/22/4) (149) 1146 1(26) / (122)
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	185 = 53 ME = 65 9-6 / 7646
	AV - 99 7-6/A 2
	AP. ODehydulian - 7 Hzv Plush & 3 dy)
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	CAAA VOOVVOLTE
	(2) hyper kalerine
	- will month
	3 hume stable
	3 hume stable
	WWW WWW.
	V

Silver Lake Specialized Care Cont.

#### INTEGRATED PROGRESS NOTES

NAME: Karran Marion ROOM: 130 A CHART# Resident seen and evaluated by John Accountly MD to increase pag Plush to 300ml every Lihour X TIME with the feeding GT Justs as per or (2) feeding teleralies well, June

NAME:	ROOM: 131A CHART#
DATE TIME / Y/79/0	1059013-80-16/20/70 Julenal &  Domped - Glube fluidh as  Acopied - Heplock intact - Dr.  Quelox max peme es ondoied  Dadwerse racquer position  Sint for Type sel mael  Confindable Bincomodo
1/30/00 * 600	AST CAS > 100 3 78 /6 100/60. AT fling as ordered ABT - Melox / Cefs pine 1-1/8 B. Continued on Praince CIT freeding toleredid well Leuved ad positioned Silvin Care, derbit care possibled. Will contrust mouth A
13409	Midral  Pt new + boarned a choud reviewed  Pt = interted savial death a plenum
	Clut come by Bli  Il II SIM  MJ sulf  Proceed dead
	tells uted (1/2×14) sacal deat sonny micro + Maynella
	- MANYA (S) to Mely

SILVERLAKE-KARRON-000377

Silver Lake Specialized Care Centc. INTEGRATED PROGRESS NOTES ROOM: NAME: DATE TIME 13000 Valassia 58 (5.8 on 1/27

\_\_\_\_\_ROOM:\_\_\_\_\_CHART # DATE TIME 130109 1007.88-16. Velod 9728 110/70 orm cooling meas, applied adjusting well to m. meas repeated Ilmintion mountained 3/09 , 96, 16 BP 112/72. Tylena gren Meddies for infected pecubition In Boggess. M aprese reachian notes good sky cure fer and Brandes SILVERLAKE-KARRON-000379

INTEGRATED PROGRESS NOTES er man 19 ROOM: 17 CHART#\_ MAME: DATE TIME + avelox in VIs at 12am 102, 2/1/09 Ma 1 UPm contonus. Ty lund doccing UF D5Y2NS at 83ml/ho in funnywell to 4 Dm Level 102 8 F. Tylind, Cooling measures Rodraded. Resolut responsive to Stronk will monifes. Aleusenthys Re checked under Track Collar intact

NAME:	ROOM: 240A	CHART #
DATE	Non	
TIME	VIS 102,2,100,16 BP 90/60 02844	97% Tilona
2-209	given for tent. Cooling neurise)	2011Des
6:13AM	good skin cure per cure pointe.	THE OF TON
	Confletez in orderet bust seg. As	TIBB ( 11.00)
	Avelox us orderer cont no adver	10 POIDA
	noted. & Rest. Distress votes at &	se occerim
	Delegation to all 102 - 1 Tale non concer	M The
	peleat tent 102-1. Theron snew Mensues Brownes will manite	- Cooling
	changes provided and many	Un
	changes.	- Wr
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	menting when	
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	cent contibuation	
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7/1/2	/18/2	
10/0	1/000	
7-3	Maxipine a Bulox via att for primorier poide effect - Ris.  o Dr purise Centinue 18 /2 20 21	10125
	maxifine a ship of flager	
	philmonies & olde effect - 100	Water
	o Dr parise - Continue 18 /2 NO 21	, 012 X45
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		bo
		The state of the s
		The Street Stree

SILVERLAKE-KARRON-000381

	INTEGRATED	PROGRESS NOTES	
MAME:	Karron, M.	ROOM:	CHART #
DATE			
TIME	( ) / /: /)		<i>i</i>
2/2/09	1) wit: 1024- Election	aug +95% 108901	600 Kg. T & Leng
TODA	Tulenos & Copling mea	1. Dipiidled &	es made comfort
10/-11	able cont on 1146 1	rasinime for in	Heted decubiti
	Avolux in propress. A	adverse reach	iony noted. IUF
	1751/2 NS infuling wer	l for apporma	plans. Medit
	Treat tot Well- Choods	Kin & Dencar	e provided, The
1	ODO. All Care rendered	. ROT 1029- TUI	enol & coplina
	Timpai reprosted Comt	bot meal con	4. A resp. attrees
	Dite a will obs.	and the second s	- Clux
2/12/	·5 n/11/7/19		
11/	1/1.1.2.9.	90 16.160/60	49+1017.
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	Polinime 1 entimed.	1.V1. D51/2 NS	16 6/2/2 Inpulse
	Will New 64 7/23	JIM. 1V. 11/6 1	Walk in (L) Hard
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1	Care I Mided No	5/5 9 defres	i halled, hill leny
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		ment	
2/3/0	A Restont care in s	310 Faething. Co	Opitive skills
10an	n for douby decision ma	king severely in	moured smort
	2 long terim memory	impaired. Visic	n impaired, were
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	Boshing Greening.	40401 cloppools	DOG WITH
	two person assist	- Oral and pe	PRIMARO HUD
	person assist Train	offer two ar	man people
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		y ROS IS Chair	
	mosta in sections.		eacheros right
	and lett and e Rosid		ment of Bairel
	and Bladoler Related	to 2º cognit	TIVE Impagament.
	an world marien		exed ros
1	riveas mantinent po	ads, good peru	
)———	Ros at timos experis	ences sod as c	uxia's modds,
	105 on pativain 4mg	de ben bax	
	Risperdal olong ghis		
	1 RC CROQ SIMON CICTEVITIES	s Kos astenskal	HOR accident

# INIEGHAIED PROGRESS NOIES NAME: ROOM: DATE TIME Respiratory Therapy Tracheostomy Tube changed by ENT Consultant Dr. Bhyanni RT Sig.:\_

MAME:	ROOM: 240 A CHART #
DATE	NSD
TIME	VIS 103. 1,88 ,16 BC 110/60. Tylena gren for
23409	tent. (ooling newsel) Browles. good skill
6:15Ar	Carl Periare Brownes. INP 05 to M
	AB JUB CORPORATION OF CAS OFFER
	AB JURB COCCATO UNA GAM LUST JOSE GIVEN
	us orderes no adverse reaction notes
	Repeat temp 101-3. Then give cooling
)	mensues Roused gress notes
	will manifer.
20	Hor indicat
	continue is bline
	H62 (44 104 04 1)
	BMPen AM
	BINPINHIV
)	No. of the second secon
2/4/0	1456
2-3	1 /5 100° 4 & 6. 16 Readers 5/p 100\$
	maxipine & pulox bor prumorien
	a Sucrem decatifico infection. Quide effect
	Rea con 10 f Ds/2 Nos evaled o DY 5ctusp
	ordered court 10 + DE/2 as a 12 x 4fhis
	wube done 13 mp in Am completely
)	DD s cure compatable forsition
12pm	prievide Re Leif 1620 D 2pm
	gum stinul a cooling massage
	K well monitor - my
2/4/100	
10000	1 4 81, 1027. 62 14 Delat 950, BP PAlian Titonni & dionline \$
	Medy hoped for I veno. Yes made comfridation OPA
	BB. WE DS'12 ALC INFLYING WILL as OLD, for abo.
	Jabs. Med & feeds top Javell, Count Min Dancare =
1	provided, Top goo. Al Care rendered Pet. 101-1. Tulenol
	MING. WF. 52.14. QUAT 95 In PANO TY ILNO! & WOOLINE BY MING. WELL ON OUR COMPORTABLE. SIPO BY INFLORE INFLORE SIPO BY INFLORE INFLORE SIPO BY INFORMATION OF ABY.  INDS. 19ECUS FOLOWELL, CLOOD TRIN HONCOUR DINVIALO, THE GLO. ALI CARE PLACE PLACE SIPO!  TOOLING MEAN POPED. IN ONE STANDERS. CONT. FOR SIENTERS.
,	Pep. Varivers noted. Will obs. Theyer

NAME: Karron Marion \_\_ ROOM: \_\_\_\_CHART #\_\_\_ DATE TIME any lygnere In St Pt eval c The ch toilet, mobilization, suttritional aupport reviewed - abs (antibiotics 1009. 86.14. Resided off 21d day. As Maxipme a pulox, & olde effect nutel tups of our brund as pro Return 1020 0 2pm. Repeated - 5 Lenal a live by apply were count monitor

# INTEGRATED PROGRESS NOTES ROOM:\_\_\_\_ CHART # NAME: DATE conf Decubitus Turning position ashis TIME 2613 OOD Monting of Skin a 10 Am observation rendered appling Leomfort meas. Cont Dam 102.2. %0, Pannaled - 4 Don ter Coshing measures lend and lived doce is a 4 In grien- una syn is 10 PB in progress for infected December 1 VEDS ZENS in from my well to Rt hand no din freed noted hol

INTEGRATED PROGRESS NOTES NAME: Marion Karron ROOM: 24012\_\_\_\_CHART # \_\_\_\_\_ DATE TIME x 3 days WIS maritar 2500 a Close To. 12 912° × 48° Re- ordered there tylenol nut put ,83,16 typenol given. IVF 151/2 Marges

NAME:	ROOM:CHART #
DATE	
TIME	
2/8/09	NOA 7-3-> TUP D5/24/5 infusion well 3
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	infelhation. No cospication distress porks.
	Total a.m. care rendered. It aller
	V5) 1002-82-16. Circleng mensures rendered
	Re 1988 0= 600 CC + 150 CC - 750 CC - CEL
alifoa	
1000	William Allander College to Land
10011)	Couling meas applied for A Jomp Res made
	Completable long on Was worken for in the call
,	Sacral decupity of adverse reactions onted 11/F
	131/2 NS infusing well for abn. land. Meds & feeds
	101 well Good skin a Dencare provided, The a2".
	All care rendered tot. 101-7- totenot evoling on eas.
	repeated confort mear conf. o resp. civiliens
	MOREGI. WILL ONLY
	Ac Output SOONL // 19/2
21909	A- o + Black Sugar. IV S W, 9US UNI)
9 pm	complete. A. c. Infecter will + currency in Pressione
, /	Will have no use am. gradece
o tol	
2809	CALL DO AND THE STATE OF A DITTO OF A DITTO
10:12 bw	He 100 1 11 100 1 Will congrete of
0/10/5	h/wh
1/2/1	1/2 1026.88 16 101161 1100 /101/1 74/1
6 3 11	a In 91 Orderid Cold Me grule galled. INTO 9 1/2/10
	Il hirld inknown with 10 HC Planed to Co Hand:
	1 VAIR 1/1999 Centimiest. No adoline while rely
	The outpliff 300 (C N' 5/8 9, deflotes legeles)
	Will continue to Monter fit Coll they must for
0/0/	0 1/0 1 02 00 00
491	4. Med fight
	Jania 1/2 , 03
	Copo. 120 1/20 1.12.
	the state of the s

NAME:	Kernon ROOM: 2 40 CHART #
DATE	Bui - Cerny deun
1	CI bydroti.
	per dug de
	,celity)
	Bys-: Filer ton 10 to
	dewith whee
	Cluste i la higheiten
	deutite Care
	iv Hydret. O. J. Ps.
	CMP (B.)
	Cerri Jergii
	pe lial Am. /h
2//	NSG
7-3	N/5 98.7 78.16 BP104/70.
	Condition a Revealed IVE Built for
	better ordered coint 107, 94 us 16 012°
	coc cop also Int shown I stuces
	& s/s of typer hyposycemian O this it of
	Ris Sinendized colomotous a eliqued
	all extremites as talerate precionit
	monifa tool doon the

NAME:	ROOM: 2 TOTAL CHART #
DATE	
TIME	NS6 V/S, 100' 80 16 BP 90/60 IV Unongue - would
219/08	infection cout no school reception notest,
3-4	in Hujol NS 0.9 14 Q 12° rosel. Heplock P/ hiseol.
0-1	Tukact poteeet. Cooling meonie given.
	Governolines / colomo ext 1 an pillors. No new,
	disher moter Out not 900ce input gollat
	distress moted. Out put 900ce unine gellot clear. Will court resourted good.
iOPH.	Teep rep. 1012 Tyleuol < cooling meosur grien
10/11	mode rend collectotoble. Will coll mouth - Gold
210-09	Non
(Ban)	VIS 102.1, 80,16 BP 90/60. Thera gilen
	for tent. Cooling newsures Bonizes.
	good skin cure lengue Roinseda up 7
	feesthis as corposes toperates were IVP
	05 to M P little Running ven as orderes
	AS INPB WUSIN (and as ordered no other
	adjesse reach a voter. Repeat tent.
	101-6. Tyleno gien. (oply newsons bunder
	will manitor
210-09	W9
6:36A-r	PIC out Pit 500 CC - My
	; YUG
1/10	10 12 10
4	
- U	0010
	Cont Me

	INTEGRATED PROGRESS NOTES	
NAME:	Carron Marlan ROOM 200 CHART#	_
		7
DATE		-
TIME	N5h.	
2/10/		
15-3	IN AB unaspin propress for wed infection	
	I Iside effect noted temps Fluin Thered	
	It cooling massels evaled a Ma Iclahi	
	cond 10 f , 9 % N/S ll X 22° a will be do	he
	Bmp @ 2/12/09 Retup 10/09 @ 2pm	].
i	Repeted Thind i coit (o along massige	
)	provide putputitione infor	
1		
2/10/08	NSC, 1014-84-16 BP 90/64 IV AB UNDRYU COLET.	].
3-4	10 0,905 16 Q12 coest; no advetse reachoce	
	noted Cooling & Tylend piren Generalize	
	coleure extr. I ou pillod. No veys. distress.	
	noted. Dut put 900 cc unite yellow clear.	1
	Will cover macibo. Tern rep. 102°, Tylenol rep Gody	1
- 2/1/9	NCINSING .	1
(5-3-1)	3 = 1/1 /02 - 821 1/1. 150/90. The adm as unlevel	
10	Cald measure applied to 1V Y- 0.91. WITC W/1/4 / 1/2/1/2	
	MIN. 10 11/4 1 March on a Higher Thereseef Eging	
	Mersister, studdendly Kith Elevales on pilling 1.16	
	VOUPER 900.CC IN A/R UNASTA Clengrased. NO	
	astrine ellegle raled; Lempello, Alle Care produce	1
	Nr 5159 deel Vest raled. (Shalad less 1023. Tylen)	1
	The geeff. WILL monder por Cless of - Why not got	
2/11/	19 NSG	
2-3	11/5 100° 86. H Readest on	
	10 AB Unusin for Sucrem wed infection.	10
	a complete of V. x & il co is progress	SLC-110
	general ed edematous & General condition	S
	good also noted temps & I um -stend	588
	a cooling magnete Return 10307 9 2m	58-8
	Refeated tofund & live packs apply.	Franklin Printing 718-258-8588
	will recent EUD a famorrow.	ting
-	The cuth out put 1200 thy	Prin
1		nklin
		Fra

MAME:	ROOM:CHART #
DATE	2/11/09
TIME	The state of the s
4/12/09	A.45 pM.  Plesident & Themp of 104 + (rectaely)  B/P 130/58 P-144 R-16 0, SA7 = 9495.  Tylenol gvx given as well as cooling  measures. Spake & Dr. Kluder - ordered  resident transformed to STUHN (512)  lesoluation. RCA STUHN (512)  formiles all made aware. There  NUNDONG 3A  Klocket Jamuted TUHO C Prummon 10.  Gynda NDA
3/12/09	Jereal Srzo: Mrs K was Transferrer  Stuff N. flaced an Rosn Reserve as per Sn, Ale: Jamely aware Shuents Ath

NAME:	Karron, Marion ROOM: 248A CHART # 15354	
DATE		_
TIME		
2/19/09	8 Res re admit to facility via ambulance	
lopm	(Streamber (2) approx 50m. Hom Sight (W) into m	
100	24SA. Admitting OX: CODSIS 20 UTI. R.G. 15 augake &	
	responsive to tactile & Doinful Stimuli. Res remains	1
	verit dependent Suctioned pro mod ant of thick yellow	
	speretions All ventirespineeds anticipated by	
	resp. therapists body assessment alone. Abdomen	_
	distended DBS. Res & multiple eletymotic areas.	4
	(B) legs, (B) arme, (B) hands, - and kes o generalised	_
	rash Res also t generalized edenda extremities	-
	Res. noted t St. III deenbiti on (B) Shin. St. IV on	+
		1
	Musiple Scaps: Skip Hare noted on (E) again, I (R)	+
	Inner arm. Skin dry & scaly under & breasts &	1
	and fold Res E # 18 Fr Deg. area red t drainage	1
	Receiving peragive 250nle Ja 40 (2) 95ce Ihr (+ 2am feed	1
	Hushed as ard-tot well. Ukes incontinent of powel	
	2 Continent of Diadder 20 # 16 FT FIC. Draining yellow	
,	Und Output 400nl Could skin & pericare Sprovided	
	THE good well: 995 82 16. Desat 964 BP 130/78. WGt. 1871/2	1.
	All done rendered Res to Start on IV Diffukan door	4
	god until 2/20/09 Contact sepation maintainly top	1
	Obs Obs ( Com Control of the Control	-
	1. Clark	
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		0 0 0 0
		740
		4:12
		D C
		anblin
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SILVERLAKE-KARRON-000394

JAME:	psuran	ROOM:	CHART #	
DATE	Т			
DATE	LTV CHECKLIST			
TIME	DATE: 2/19/9Pt. Name: Ka	CCCCC Pm: 2UTV	Waster 21116	
2/19/00		KIII. 2 9.)	Tvent s/n G1116	
41110	A. Alaim Ol	II. Vent OP		• • • • • • • • • • • • • • • • • • • •
	1. Vol 85 dba 2. Apnea Int 20 sec	1) Leak comp On	E .	
	2. Apnea Int 20 sec 3. HP Delay	2) O <sub>2</sub> conserve Off		
	A) No Delay	3) CTRL unlock hard III. <u>Presets</u>		
	B) 1 Brth	1) PTNT Query Off	4	
	C) 2 Brth	2) Adult Ventilation		
	4. LPP Alarm A) All Breaths	IV. SBT OP		
	A) All Breaths B) VC/PC Only	1) OFF 🗷		
	B) VC/PC Only  5. High F  A)	V. Power On Self-Test		
	T A) 35	Alarm Audible Display Test	Look Toot	
	B) Time 30 sec	Control Test	Leak Test Vent Inop Test	
*	6. High PEEP	VI. Alarm Functioning		
	Off or cmH <sub>2</sub> O	1) High Low []	Low Min. Vol.	
	7. Low PEEP 3 cmH <sub>2</sub> O	VII. Filters in Place		
	Off or cmH <sub>2</sub> O 8. PNT Assist	1) Air Inlet		
	A) Normal	2) Fan 🔀 3) Hepa		-
	B) Pulse	VIII.		
	9. Aux Alarm	A) Rate Checked	El .	
	Plugged in & working	B) Volume checked		
	RT Initial:	IX. Low Pressure O2 Source	ce /	
	an current vent	settings-RT to	g Sonfort	ably
	monitor_	J	- OPA	rp
10019	Nalsing.			
1000	11/08/10/	10 10 10	night to admi	CCLIN
-11/	2 2 1 1 984. 76 12 13 /7: 11 night ye admission			
-	1X & stury x many pr. Vent algorithms. In reg care product			
	In 19 1 95 willed by m.D. (X. csident 15 DI Hally giralne			
	orbil Yespinger, to Palin my Itachle Symul Syctimed by a-			
	and maderate simetal thele yelled Secretion (Red)			
	No golling III III Develope Porchito Oction of the Contraction			
	of fair of the facility of their			
	[with all as 11 (p) & 11-120 100 ml a4/4. Hold 2/2 feeling			
	He haen with generalised Lains + 1888, Persist - Trifumiles			
	Went elwaled I un. DI Ruhn Start in Street TP 1560 Stage 10			
	COLVER ON DOLLAR THE DAY OF OR ORINGEN IN			
	1) 1 con (my K) [] [] [] [] [] [] [] [] [] [] [] [] []			
	Illah sun dam astellmit sull. Insteemed It allin			
	16/2 (16/4 - Per/ Care provided -1-10 drainer amprates			
	WIN MAN LIOU CE this tried . In Concurred a how of Icent of			
	012 sat dry 011 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/			
	and and all the state of the st			
	all Im I mil all I	ICWI CHILL MADARIAN.	/ Alma/ MARCH	-5M/1.
•	at 6 fm1, congit	15 m alian Masnagney	I go MASA	5/14llan

ROOM:\_\_\_\_CHART # TIME 26 0/09 (or Readmission PPD Placed (2) fareasme.

Pletter 20 all bollness 2-20-09 DT /Renab Cefinon aster, orge 2/20/09 PTIRchal Resident seen for PT re-eval S/P reading officen Q they morning Oside monitor Tolash o Sput 400 Pt as Produs Cest Also as Por

ROOM: CHART # NAME: DATE TIME (1865: 1992-86-15- Delait 972, BP 120/50- Res 2nd)

10pm Quening life to facility Awake & responsive to tactife

4 painful Himilis Generalized edoma Desireti Est.

Clevated on Dislous. SIP Diffucan NAN: Medi & feeds

tol. Cull. Kes incontinent of Dowel & Continent of

Diadder 20 Fic. Draining yellow wind. Good Skin,

4 percare Dowided. The g. 20 All Core rendered.

1 140-dyfuers noted. Will obs. TIME 2/20/19 Couput 700mg Non 22109 115 48-6, XZ, 18 38 130/90 Resident 2nd nith RIA. Avuice o responsite to tuckile una RINGH Simhi generalizes Etens pers Eathmines Elemites on Pillows. Sil Differen diverse reaction water. Bonel whrontient Buster Consent 20 Plc Doying yellow when you were close ferigure soutes of Rest. MASESI VOICES PIC out PIA 600 1-0 2/21/09 NSC 10pm V/099-86-18, BP 120/70 Resident 3rd evening RIA Awake + responsive SIP Difluction. NAR'S noted. All care rendered. Medication + feeding +olerated well. Fic output 500CC. Will con't to monitor— 2/22/04 Non = 2nd kay Stp arphican 15 993-78-16 132/90- Generalize Ledema noted FIC authort (DIC Will Mynitar

Silver Lake Specialized Care Center

#### INTEGRATED PROGRESS NOTES

NAME:	ROOM: 29317 CHART #
	T
DATE	NSG. V/S. 988, 78, 18 BP 98/60 2 olay RH. 5/p.
TIME	Difference no adrese reactor motes, is
2/22/08	millione mo Gunte metallo portes. No
3-11	desp. distress released the core rendered
0.10016	met put 500 cc uvine yellov clear - Goch.
2/23/.9	
11')	bolle std. Cold measures applied 499 7 99. 4. 518
	11 11 11 11 11 11 11 11 11 11 11 11 11
	Gorber ane bus pre- 5 vic. all Thereing from
	Kelevaled WW. Complete AM Care proposed
	NV SIS 4 deliver (Miled - Will Continue to
	Monter of Closing - January M
, ,	
2/23/0	9 NS C
7-3	towelly to Q & leg - will have
	+ sweeling to R & leg - will have
	MD evaluate - possible celulities)
	Log keep elevated on picker star
2/25/0	9. Pt; =; cellulités en lour.
2/23/0	ex hente
	Lill Disi Quant & & Dry Bit
	will By i dupment & Stry But
1/21	
2/0/0/	$N \leq q$ .
7-3	1/5 992 to - 16. Risidut nated Q, & ing
	reducesto & Swaller - couled, pr parisi
	redresto a Swallen - couled, pr paris; ordered Dagnend, n & 75 mf on x 10 days run (1/ Tube . Usee court of Servet con
	The 1770 was well count of service
	Ž,

INTEGRATED PROGRESS NOTES ROOM 245/4 CHART#

6 43-410 cm s	
DATE	
TIME:	Clark 1
2 230	1 UM-99. +. +8. 16. DYCC+9 Th. DF 13980. Kes. Steerted
1000	100 HO Augmentin torle lower 1-eg certalities.
1	Area remains realned & adverse reactions
	moted. Med & Herou tol. Well, Canool Kin V
	Dencoure Drouidled, TH go. All care rendered of
	Porly advis poted will only
-	Comment of the commen
	PC dusput 550ml / (In)
2-24-04	
6An	
	orderes. No Udiverse reaction notes
	for (P) Lawer Leg (eli-11/1/e). Reagnes) rojes
	SIR 300 by Diffycan, up feeting of offee
	tolesytes were good such are pericure
	Boises & ress. 137-833 votes. ELC
	out put 250 (( - 850 Pm
	08 - 4m
0/2/1/ 0	
2/24/04	Speech - Res screened
	Res Continues to domenstrate & responsiveness all
	news an temporied Dypphagic Cond. NPO Medica della
<i>i</i>	
2/24/09	1es 6
2-3	3/ with batput 700 mg
	V/s 989. 18. Res poor condition
	1/5 98 9. 88-18. Red poor condition  DB Dufmustin progress. For Cellulities  on R 1/0 ain des. Redniss a Omillon
	on R) 10 min des Redniss à mullon
	included moditor by
2/24/08	NSG. U/S. 997-82-18 BP 100/62 Acepmonestin cout
3-11	lor cellulitis Dondent pour coutibour Good
	for cellulitis. Dendert por coutinou. Good. Shir & pencore provioled. T/PQ 2° Generaliz coloree extr. eleveted or pielos. All care
	polores porte placeted de vielos. All pore
	one loved do seem disher worked Dut
	acustra, por con distribution conte
	rendered, No resp. distress noted, Dut put 500 a Will cont monitor - your Zendent moted LBMS x 2 - your
010/	Lengent Mured List X2
2/25	5 NS9 1-1/04 Par - 500. (1 Dundy 12)
11/1	1-1/000 Far -500 C/ While 1/2

Silver Lake Specialized Care Center

**INTEGRATED PROGRESS NOTES** ROOM: CHART # NAME: Decusitus DATE stafe To measuring 10x9x2 TIME Scenen Clean tissue a blood draina ins wash as Stafe The measuring Tell Those we. over less around ) hos. Percacet I take at monitor POOT condition @ mone 10/2m 2/25/09 NS6 undertrac

NAME:	Rumon, M.		ROOM:	CHART #
DATE				
TIME	Hely for a constant	10 A	- 1 AD 100	1/10
22519		18 Vugge	10h. DP 12	100 lylenol &
100m	Cooling hear appli	1 x Joed	1 101 1	Della Good Win
	Comfortable Mid	a. TH	100. All	Court rendered
	( ) ( ) ( ) ( ) ( )	ciful 11	ged. c	VIII OBS- TOC
	10 output scont-			
. /	NSG-	20 110160.	A-2 :A11	Man C All C A
6Am	115 98-6,80 118 18 for cellylines	Ples-	(on ).	on allverie
	reaction votes.			
	foorses - & Rest.	others	notes	PIC out RIA
	700 PC . WIN	mont	er for c	hologes - your
2/26/09	1259			0
2-3	Thathoutput	500 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- pul
	, , , , , , , , , , , , , , , , , , ,			
2/26/0	9 Mulu me	d -	177 0	U a
7. 7.	a The chi	vent	un 1	+
	staff - abouc	( 9 (	1 15 11 15	
	vent para			
	O, Sats	- a	ceep	table
		nable		
	1000	2/09 28	5815	
		month of	11)	
. /			10	4
2/26/00	NSG. VIS. 982 82-	18 BP 100	168 Aug	weed in
3-4	NO seys slithers	Dut put	mochs.	ne Merter
	Part moupon	ver pur	500 0	- God
2/27/	5 NIA	NAME OF THE OWNER OWNER OF THE OWNER OWNE		
112	Floughout	-500 (1	( / Jung	Lpr /
2/27/10	9 Ile outon	ent 68	00	Lan Trad
7-3	10/0/00			L The state
, /				

NAME:	Karren W		_ ROOM:	CHART #
DATE	Nursing		Α	
		banned on Ango	nembin 8	75 mg Fox (by leg)
2/22/09	cellulotis, No	patrient ordiverse	Out Ome	noted leg is win
3-4	red and swelling	, elevated on of	porttor.	No expanent dryher
	mobel: V()	97-8, 82, R-1	18 Bp 100/	so · _ veep
	farport -5	00-60		C can't
2/28/09	ning sing 1	1. at 120m 99.	2. 84, 18	: 108760. AB conta
& Am	No advego	reere hans - Foley	out Put -	300ce - Alewhollyza
0/28/09	7-3 . 6/ ca	the output 40	o ne	
2 38	NS9	1-8n-10 0	appoint t	emp 9914.
3-11		1-80-18 P	PPECI!	01 8 100
	Augustic.	Medst feedi	100	1 Pro Lead
	CHILDINGS,	od Skin + per	a care	OCOVIDED
	All care of	endered . Mi	Cont-	t to omornita
		CITOTA CONTRACTOR		2 IVO MON
1				7 THE PROPERTY.
228	NS9 1.	0		0.
3-11	Floor	4 550cc -		-> Divar-
2109	189			
6Am		84/18- (00		
	Bonjes.	good skip C		
		1.1 feeting		
	tole wites	ver mess		
		Release fer		
	at the	he win	2000	JIMEN 3 UN
3109	MS	000	NO CIACV	
6:30Am		- pr4 350 cc		merch
3/1/09	N59	1 -	0	
7-5	3/ cuth with	prt 400 rd	- wy	
	6.1			
3/1/09	Neg	20 12 0		1 1
5-11	V/S - 99.7	-82-18 Ozat	97, BP -	-120/20
	Ded o	continued - NAR	Lin to la	thus 11 C
	Ckin	ers persists Feig	1000 (1:11)	conf to monitor
		Jan Lace gry	Copis Calls I	Della

NAME:	ROOM:CHART#	
DATE		
TIME		
3/1/09		
1000	Off Output Gian The	_
3/2/-9	5 Night	
115	1 100 2 . 8,2 18 100/60 Up - 100.2 A/B Aleg	Mel
	Continued In (P) les Cellasses Nr advisse Aprile not	4
	Cantillo 1/10 Care 18 villa. Nost & cuffee,	1/
0 1 /	med will member // Cles or / Shend	1
3/2/-	9 Nig Continuit	
	3/ cash out god 22-18 BP 110/64 BB De properties	
3/2/09	156. VII. 99 82-18 BP 110/64 AB Du pmeuhiu	
2/2/01	court. but & les celluths no volvene recetia	
200	20/09/ Cond/ 00 00 00/00/00/ 7/10 0 00	
	NO very Olistres motest, Rensleut poor	-
	aperbleen. Out put 900 cc gody	
3300	Ms	
6An	. VIS 101.0, 82,12 38 104/60. Thenon onlen	
	for tent (oding new we) pronded.	
	good skin cush pericush fronted	
	As Augenentin Cons us ordered No	
	diverse serchion notes. py feeting	_
	us ox teres toternates ven. resent	_
	tent. 100-2 Cooling newsels Bondes	_
	will manifer for changes. PIC and Put	-
	300 (200	-
	$\int \Lambda \Lambda d\Lambda$	-
5		
10/2	on the	
3/3/		_
3/6/09	No sy	700
3/2/	Residue (c) his skin open and about 3x2 Bypy Bauding con	1045
9/3/09	2 fouth witant Bank	
)-0		

NAME:	Karrou	ROOM:	7CHART #
DATE			
TIME	MC 111 929 00-1	4 BP 100/60 Aupn	reuhl cout
3/3/OP	Plantin ma	Dolvene reachiou	Moteot
3-N	George String	hencore sunden	TIPQ20
2001	No veys. distack	pencare pronder.	nut 500 ce God
3/4/	\$ h(1129)29		1
6.31	Foli ol	Mar 400. (1 10	mind the
7	7 0	. ,	
3/4/09	NS9 De	custors note	
7-3	Scerum St.	afe I measur	9 10×9×205
	Clean Tlos	drainge a bl	ody Color
	Wet-ory da	e drainge à bl gs pros sousch s. P. R.) Shin G	g ceround
	2111 and a	5. (K.) Shin S	Tage now
		at the the	
	now lod Con	daron empro	as oneye
	to Bucitive	in out & No a	wan Blo.
	(K) hip at	fe Te measur	27/1/0/
	docte 7130 al	die a ceround	Some Excovation
	Cymber (1)	dig around	Denly and Store
		e regness assor	
	apply baco	Trucin out à lo	ur consine
		et bong area.	
	Special air	matress turn	y position
	a21/3. 196 E	The gob be tout all go be tout all portion be abuth duly portion	on white
	perfaced of	las all for p	and skyn
	A Deri Coul	Pecanilla de	The Sand
	De radial	mus must	avec (ct at
	to unipro	ue nutration	status.
	WPB Wuckly	bedbuth dady p.	racile,
	well cost m	conitor =	ruf/
	\		
		,	1

NAME:	Konning ROOM:CHART #
DATE	
TIME	A valan é saliset estigunità
3/4/159	
2110.	Podiatry Note
	Toenails are dystrophic, discolored, brittle and
	thick. Mycotic toenails are painful and may cause
	secondary infections/ulcers if untreated Impression: Dermatophytosis toenails
	Treatment: Debride toenails
	Recommend: Foot care 2-3 mos. for mycotic
	toenails
	Pichalag note
	Lon Dienessinal Care hazardousdoe to Cycelatory
	m Dair mont
	Luring DP won Jag pable polse
	PT non padpable pulse
	Simprossive ony Chauxis, PD.
	Treatment trummed claracted texemils
	Recommend prophylaric Contrare Z-3 mas for PVD
	Jeff letter
21.1.	
3/4/09	
	Residents 1 600+ 4+h +5+h too mark beals bleeding
1 1	Dean sed + becitarin appeared welmonto ( Dalberry
2/11/00	
1000	File o de Lament
10/111	of autil auni.
3-5-09	NSON
6AM	VI) 98-6, 82, 116 BP 110/20. As Aymenty bust tose
	gien as orderes for @ let (elly libre). no adverse
	Reachin noted. 9000 sky case Renicus
	Borises of feether as ordered toperated
	new mess and To as ordered. 6 pesp.
	Ditsess noted PIC MA PIA 300 CC
3504	will monitor St Len
6:15Am	Refert few 100-8. Then glen for tent. Cooling
0.0344	
	medices Bonder good sun une Penane Bruses

INTEGRATED PROGRESS NOTES NAME: Camen - M CHART # DATE TIME, blooth out put 700 ml 3/5/09 pul- med - above reviewed At eval = the che vont unit staft Vant parameters, pressures Of matis reviewed continue trach care, nula toilet, mobilization nut citional support Not wearable Poor prognosis Data base revie reviewed as on NJ6. 818. 985 84 12 BP 80/60 s/p Bugmeresin no advene reschou Noted . Rejolant poor TIP Q 20. No veys elistres moted Out met 500 a Hill cout receitor RESP Care Notes = Sputum culture Ison sitirity oblained to Remove from Golation. Aram (RT N54 monthly nate Risident Responence call name a Tactile Donale Ris open her ejes i call name saucht inighting commissione stell for daily decision making. done i Short term memory poor totals dependent Aba's care two person impained of vision a adequate of Learny 60B-R/c 000 box 2hrs Rig had mutti Lecustina decibitus nate, Risi incontinos ap Brecel a continued of bladder i theath Fetting

Silver Lake Specialized Care Center

NAME:\_\_\_\_ROOM:\_\_\_\_CHART#\_\_\_\_

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SILVER LAKE SPECIALIZED CARE CENTER
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INTEGRATED PROGRESS NOTES

SILVER LAKE SPECIALIZED CARE CENTER ROOM# CHART# DATE TIME WS 1634

INTEGRATED PROGRESS NOTES

Form No. 8L-249

#### INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER ROOM # 2401

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#### INTEGRATED PROGRESS NOTES

SILVER LAKE SPECIALIZED CARE CENTER
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#### Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

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	PIC Dustout Down
	SILVERLAKE-KARRON-000429

NAME:	KUTOM, M ROOM: ZMOA CHART#
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	uil monitor don por
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4/9	109 Pulm med- Pteval
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	Vent parameters, pressures,  0) pets — acceptable  con +: mue present
	continue present
	Och III a to I a ha sement
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10/21/	COOLING mean confied for tour model temp. Les
(	madel comportable Medi & Jesey top well ceads
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	TO UDS:
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NAME:	
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TIME	va 9 In gruss. corner neasures probable. 4 Ass sent 102-1
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	& Rix clive in bed. Incontinent of boul
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	- and
	SILVERLAKE-KARRON-000431

NAME:	canen m ROOM: CHART#
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	Tylena men. Coolit meusses formes PIC

## Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME:	ROOM:CHART #
DATE	
TIME	NSG. 1/5 101'84 18 Resident given comfort
1/An	Care Croling measured given Gen 9 temp. To
1/12/00	3/c x has plistress noted to there to have
1101	The sy hesp distress noted a present. Jung position 620 maintain all morning ADE'S
	performed. Emodual support ann. Wel
	Continue to monitor Palmera Nyth
, ,	
4/12/09	Folia Output 150°C Folias
4/12/09	NSS. 1/5 100.1, 86, 18, 02Sect 97.2, BP 100/7, put/200
3-11	Lepont territion 100.1. NRIS holed.
	Cont. to monitor, Siele lails 1/2 up for super,
	Call hell is within peach SS) viston.
31/22/20	
7/12/01	NSe_monthly Notes
3-11	Red. Continue Care in an SNF sellip o Cogniture skully
	Short & Long term memory Impercal, Imperial
	vision i Res. has ability to make self understood.
	of sometimes understood! Has ability to understand
	others & Sometimes understands, Herd adequate
	hearing. Total dependence, two person assist for
	bathif, dresing & growning, Res. reads two or hore
	assist for fransper. Res. is went dependent of
	Inable to assist, Res is chaifast & wheeled
	In rectines. Ideally dependent for bed
	nothility. Res. fan bovel/bladder in continent
	French Worldhow, & altered mental state, finited
	Thypical abilly. Res. exhibits Sail & anxions
	all ADLS care guen & made comfortable
	In hed with Sieterails 1/2 up & call beal
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	to monitor temp of document any changes
	SS JURT, PN
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SILVERLAKE-KARRON-000433

## Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karzon Manon ROOM: 2 404 CHART #\_\_\_ at 12gm 101.2 84, 18. 118160. Tylend mg DATE cooling measures Proposed & Apr Ling 102F. Tyling TIME and Cothing measures fronded. Foly onthet 20000 will mon'to - Acendently 3 RN 6 Am of worseny pulse very Thesesa Current - Stalin mone for 1112 on Central Colve - - C Delicable whole Duo BA will Havit QI per funities request Resp course with. 4/17/09 suplines of Don con of to mandon fundament site in Rasn. adered, Dus anu Unne Rola another level misotlusano turner of 401479-18. Tylenul 2000 quien vid 4/13/09 Och sole miniter 20m -> Resident remouns outl. Temperature Tues mottled. Tureso remains warm to truck. arms and feet care to truch. include to obtain exident found a no pulse on Ver On Compair neasures Torso cool to touch or Blp. Son noted on his way here. Wapped & belonging packed. Awaiting Juning Rome Du huggun SILVERLAKE-KARRON-000434

## Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME:	ROOM:CHART#
DATE	
TIME	
4/13/19	Social Sves-
	All called spoke to son, Are about
	Audition Visiting hours to be extended
	andition. Visiting hours 90 be extended
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idlatas	Musing Staun, Stuntath
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0 7/9/10	Buch pick up Playe Jewisot Community - 630
1	
41409	Social Spes.
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41410	aNS6°
	(Resident Expired), Oill bolome inco parked of planed
	en storage for for to feel up. Dalben /h
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	The state of the s

SILVERLAKE-KARRON-000435

### Silver Lake Specialized Care Center Psychiatric Consultation Report

Karron		Marin	- d	37	
Resident's Last Name		First Name	Room		
Reason for request:	Claretation	Micotine	Withdrau		
Requesting MD:	Klah	Date requ	este à: 1/29	108	
Psych. Medications – Purpo	36	C Other Rel	evani Medications	Λ	
Rigoladal 0.511 Daxal 10 mg	lue a 60 pm	jekeroes	Synthesor O		
Discussion: 7 Daylo: F	11 710 . 11		o is on ven	+ M	21
boop. Sailnose lux		re opene		1 0	2h
regulated pe		riefly bu	+ appealed	1	used He
	ood is aux				4
	ment restes	sness, a	Heinpung	78 V	- Complete Company
remove track	A 1	`	V U		
Impression: Uniquely	t De Do	5		SECURIOR SEPARATION OF	and the second s
Plan/Recommendation:	Paxil Ao	20mg da	ilu Qua		
Confinul & Ri	speldal to	und a	and cont	uul	ō.
IF RESIDENT IS CURRENT	LY RECEIVING PSY	CHOACTIVE MED	ICATIONS:	YES	OF
Was a dosage reduction after	npted in the last 4-6 m	omina?			
Clinically Stable - Dosage Clinically Contraindicated	due to	new a	Dui 8000	الما	Z
Have any of the following side. Tardive Dyskinesia:	de effects occurred sind	ce initiation of the n	aedication:		#=
b) Orthostatic Hypotension:					
c) Cognitive/Behavior impai	iment or deterioration	resulting from the n	nedication(a):		
d) Parkinsonism/EPS e) Akathisia:		,		0	E
f) Other:					r 1
Does dosage exceed OBRA If Yes, document reason:	nterpretive Guidelines	?			×
Reviewed Records Di	scussed With Staff	Discussed With Fa		i	
Signature of Psychiatrist:	Cleshall		Date: 2/1/8	Specity)	
Counter Signature Primary C	are Provider: MPA	vilales ño	Date: 214/	08	

SILVERLAKE-KARRON-000436

### Silver Lake Specialized Care Center Psychiatric Consultation Report

Karron		Marion		0	
Resident's Last Name	/	First Name	Room	#	
Reason for request:	4/4	• • • • • • • • • • • • • • • • • • • •			
Requesting MD:	McCarthy	Date request	ed: 5/27/0	18	
on NG type Aspiration Ny, she had	ris of les Ob H - Regender 105 15 77 year and iflest to this in Rispers for a granty Come psychosocial anothe Siste	The Lalle	Crewity of Contract of Contrac	De No ha	Pf use
Plan/Recommendation:	-d admissia	1	V	Gl	- St.
In long Beach	Ny	bh		Due	<u> </u>
IF RESIDENT IS CURRET	TLY RECEIVING PS	YCHOACTIVE MEDIC	ATIONS:	YES	NO
Was a dosage reduction att ☐ Clinically Stable – Dosa ☐ Clinically Contraindicat	ge reduction may lead	to destabilization	u ·		0
Have any of the following: a) Tardive Dyskinesia: b) Orthostatic Hypotension c) Cognitive/Behavior imp d) Parkinsonism/EPS e) Akathisia: f) Other:	1:			00000	
Does dosage exceed OBRA	Interpretive Guidelin	es?		. 0	0
If Yes, document reason:  Reviewed Records I  Signature of Psychiatrist:  Counter Signature Primery	Mu	Discussed With Fami	Date: 8/15	Specify)	
Counter Signature Primary	Care Provider: C	/	Date: 0/04/	2	

SILVERLAKÉ-KARRON-000437

C:\mydoc\fomelNeg31 Barabiation

8/15/05 Continue psychichica Evaluation: MSE: pt is see is he race an vent, hes NG tube, At appears sedated pt has ken on proceed. 8th yout that pt is no large anxions on spitaled. IVresi- Ax, I Depressive Ordende 20 AR. THE HTM. COPD - Ha H-SI Par: Conter Risport 0.5 4 th gu stag. plies # us G6# PRN entirely-Re-enslis & week, Office

## SILVER LAKE SPECIALIZED CARE CENTER

#### **CONSULTATION REQUEST AND RECORD**

Karnon Marion	13
DATE OF REQUEST:	
ATTENDING PHYSICIAN (REQUESTING CONSULT)	
TYPE OF CONSULTATION:  LET (Do Kalman)	
DIAGNOSIS: YDRF COPD, % Malnututum, A-fil-	
Janares Ten Core, To Manager Transfer	
REASON FOR CONSULTATION: Infected Litube Site	
ATTENDING PHYSICIAN'S SIGNATURE:	
REPORT OF CONSULTATION (Opinion & Recommendation)	
7740000 My as allale	
REPORT OF CONSULTATION (Opinion & Recommendation)  77 your My arabase allast,  Voley to love outhour all Mulley	
Maringe day Pag solt	
Thinks pay four of role	
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(It ) allutter of Ply Ach Millington	1
In Inpertief they site	
The second second	
wer or young	
Gaglistem Hough ( & nile TD.	
2 Klynny Ag	
1/LUJPA	
SIGNATURE OF CONSULTANT: DATE:	
COUNTERSIGNED M.D. 24/16	
SILVERLAKE-KARRON-000439	

### Silver Lake Specialized Care Center Psychiatric Consultation Report

Kanon Mary	n = 130
Resident's Last Name  Reason for request:  [ First 1	Name Room#
Requesting MD: McCaulty	Date requested: 176/08
Psych. Medications - Purpose  Paxil Your Jauly  Leves you go Glis	Other Relevant Medications Misgrider 0.50 115
Discussion: pt 15 See: her row ven	the sine of the rows
wanogede believia of our	let respond walf
Tyresi: Act I Dyre	ess with Done to
Impression: Plan: Coul Right!	0.55 110
Plan/Recommendation: 15 15	PEN C36 (1:
	25
IF RESIDENT IS CURRENTLY RECEIVING PSYCHOAC	CTIVE MEDICATIONS: YES NO
Was a dosage reduction attempted in the last 4-6 months? ☐ Clinically Stable – Dosage reduction may lead to destable ☐ Clinically Contraindicated due to	
Have any of the following side effects occurred since initial a) Tardive Dyskinesia: b) Orthostatic Hypotension: c) Cognitive/Behavior impairment or deterioration resulting d) Parkinsonism/EPS e) Akathisia: f) Other:	
Does dosage exceed OBRA Interpretive Guidelines?  If Yes, document reason:	
Signature of Psychiatrist:  SILVERLAKE-KARRON-000	Date: 10 128 (Specify)

#### Silver Lake Specialized Care Center Department of Rehabilitation Medicine

#### PHYSIATRY CONSULTATION

Patient Name: Marian KA	12RW	Room #:
Requesting Physician:	,	Date:
Date of Birth:	1100111	11000
Reason for Consultation:  New Admission: Evaluate for Rehabilitation  Annual Funktions Funktional State	and 118 299	8990
New Admission: Evaluate for Rehabilitation	Potential AALA Allem F	
Annual Evaluation: Evaluate Functional Stat	tus, ROM, Strength and any changes	
Other:		·
History/Physical Examinations, Findings and Recommendations of Admitted 1/21/	mendations:  108 Jun Kundred 4	legath No
In flesh failler in	et I depledent	<i>y</i>
V 15-0 10 10 10 11	med Nutrition of Mi	remonla.
MISA D JEGO H a	byx V Mendel	( Lypus).
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- AA		
ALMI,	fellow (ommends	
(4) any way	1/1/12	
(P) Med	b/VM	
	I	
)		
	,	
Change in Program:	Contractures:Yes	No
Yes No N/A	Location:	
		1/1-10
Consultant's Signature:		Date:
Primary Physician's Signature:		Date: $1/27/08$
1644 A	7	(CONTINUED ON BACK)

Silver Lake Specialized Care Center
Physical Therapy Evaluation

		Thybroat There	apy Livaluation				
Name: Karron, Mar	20	Rm. # 237	A Age 77 M	ledica	re# 1/8 20	148991)	]
Admitting Diagnosis: A	dn	rit from Kind				The state of the s	
				766	machine	etritim,	4
usp fail, went	a	es, precimo	ua, corb	שחו	1 macru		1
MRSA - Richum, Rx Diagnosis: resp fair	, -	-124 aluse	hypothypolacy	m	hyperl	eflaami	-
Rx Diagnosis: less fac	lu	e- nent. e 4	gune mou	eice &	if.		-
Observations/Precaution	ıs: (	LONTACT ISOLAT	ON (MRSA-Spi	tun	Y alex	t aule	
to fallow com	ma	nds, restles	during en	al.	//	/	
	V	(L) Range of Motion		V (	L) Strength	(R) Strength	
Hip		Arom	ARom				
a) Extension/Flexion		WFC	LOFE		F	F	
b) adduction/abduction							
c) internal/external							
Knee							
a) Extension/Flexion							
Ankle			W.				
a) Plantar Flexion		J.	fix-edinpt	-			
b) Dorsi Flexion	/	0					1
Neck					1,		1
Trunk					V		1
Additional Information:							1
= Contracture, WFL= W		Functional Limits					1
AROM: BUE -W	FL	MUIT: BU	E-grassey	Y Y	10 mm	SUPSI	
Bed level Mobility:				,		0	
Independent		Dependent	N	leeds A	ssist (6)	× /	
Transfer Status:							
Number of People to assist _	0	type est(A)					
			ym, Resider	it s	tates Sh	e was all	Re
Device		0	Brace/Prosthesis		to aml	·· E (R) a	nkel
Distance			Type of Assist			ed in pt	_
Weight Bearing Status			Gait Deviations		0		
Balance			70	Cie .	assesse	d'a gym	1
Static Sitting F	Dy	namic Sitting F	Static Standing		-Dynamic Sta	anding /	_
				-			
Wheel Chair Mobility							
Wheels Self		Dependent w/c M	obility   W	heelch	air Type sto	( w/c	
		\	4	-0.	holde	1 (went	0
Physical Therapy Goals:	20	1-4WKS) 1 7 mm	strength 12 great	200	D Led	l mol.	
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CRW. CCGX/X	40			VOS/	er o syll	3 Symu	
D - 1 - 1 FD 4 4 1 1 1 5	=)	( ) reactive	e I grade				
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No		llow up in one year	Daration 50771C	-	Type / Cc	Maracco	
	10	now up at one year					
Physical Therapy Treatmen	of Die	me: /'c= 1	1 0-00 111			<del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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amlula	le	n Maining	, valende	ex	>-0	J	
ame of Doctor: KLA	116	Qi			DATE IN	1122/10	
anie of Doctor.	TITI	Signature:	VI		M.D. Date	100108	
		Signatura	Mayann Meer	lac	DT Dete-	1/22/18	
		Signature:	A	-	i.i. Date:	1100100	
				/ /			
				( /			

Patient Name:	KARRON MARION Age:							
Diagnosis:	ESP. FAILURE, VENT-DEP, REMOVIET, COPD, A-FB, MALNUTRITION							
Attending Physic								
	am: No Yes							
Date 1/29/08	Resiglet receing Restautive P.T. SX/WK.							
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,	On then ess, bed wollt, believe ess, twofen training and standing temm, backside a contact woodation presentions.							
	5-6							
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	Serls: 1) house mode though Bit & 1/2 gods, a) chyprove							
	bed rolly - lingly (3) hopeve sterdy tolerace -							
	willing is I minte							
	P- To certina P.T. SX/WK Wr. Jan/25.							
Key: E=Evalu								
R=Refus	ed D/C=Discharged √=30 min Tx H=Hospital  RECORD OF TREATMENTS							
Month	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total							
JAW 2008								
,								

Fiveboro Printing, Ltd. (718) 431-9500 Form No. SL-162

Patient Name:	KARROW, MARION A	ge:					
Diagnosis: Res	P. FAILURE, VENT-DEP, PREVIONIA, COPD, A-F.S. MALNUT	R. Tion					
Attending Physic							
	ram: No Yes						
Onlange in Frogr							
Date 2/5/08	Readest raceing Restorat	L. Fr. SNWK					
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	bod relety - lin plys. (3) hypeane study tolerwa						
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	P. To contine P.T. 5xy wx.	moderality.					
		-					
Key: E=Evalua R=Refus							
	RECORD OF TREATMENTS						
Month	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	9 30 31 Total					
FE3. 2095							

Patient Name:	KARRON, MARION	Age:
	P. FAILURE VENT-DEP, PNEUMINIA COPD, A-F	FIB. MADNUTATION
Attending Physic	sian: KLAHR	
Change in Progr	ram: No Yes	
Date	Resident receive les	Coroline P.T. SX/WK.
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-	her then en, bed rolly, litince of al prog study tung, while til	t talle tuny.
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	P- To contino P.T. SX/WK.	- m. Auf &
Key: E=Evalu R=Refus	sed D/C=Discharged $\sqrt{=30 \text{ min Tx}}$ H=Hosp	
Month	RECORD OF TREATMENTS	07,00,00,00,01
FEB. 2008	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	27 28 29 30 31 Total
, C.		

Fiveboro Printing, Ltd. (718) 431-9500 Form No. SL-162

Patient Name: KARROW MARION Age:	
Diagnosis: RENP FAILURE, VENT-DEP., PNEUMONIA, COPD, A-FIB; MALNUTE.	Tion
Attending Physician: KLAHR	
Change in Program: No Yes	
Date 2/19/08 Readest receiving Restautive F.  for there are bed rolling believe es, tunfor true	7. 57/WK
per there are beef volitily lolarce es tunfar true	Arrel ,
and prog. and I study temms	4)
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ment and va a clere wie follow lan experien. 81x3.	
A- Resident aus ill yesterden (2/65), bowever has be	P-1
usering Italy a read to strali and allter older	5.
Souls: i) here muse though (3) is by 'la guel, is hyrian	<u> </u>
bad nobilty > linjohn a, 3/ al 11 long 10/ x 3 rag.	hu / est
- J 48 1-2	/ '
P- To continue P. J. 5x/wx m. Aaf. P.	
Key: E=Evaluation S=Sick DP=Day Pass C=Clinic	
R=Refused D/C=Discharged √=30 min Tx H=Hospital  RECORD OF TREATMENTS	
	otal
Feg. 2008 V VVVV VVVV S	

### Silver Lake Specialized Care Center

Physical Therapy Monthly Assessments

Name KARRON, MARION ROOM # 237	Age 77	Medicare #	
Name KARRON, MARION ROOM # 23.7  Admitting Diagnosis RESP. FAILURE, VENT-DEP., PNENMONIA	-, copo,	A-Fis,	Onset
MALWUTK, TION			
RX Diagnosis RESP. FATILURE, VENT-DEP.		-	Onset
Type of Surgery		Date of Surge	ry
Observations/Precautions: CARDIAZ /RENT. PRECAUTIONS.			
Previous Physical Therapy Goals			
3) Ama. o Rowing w. REQ. CONTACT STARDING	a) 1 Mus	1/2 gusla	Bus Bus,
3) Ama. o ROLLING W. RED. CONTACT BUARDING	. For AX	Pux 401	, ,
Rehab Potential			
Pain / Paux			
Previous Physical Therapy Treatment Plans			
Restortive Pr	5x/4x.	is plema	I fin the an
bal rolly lalone ero, tearfer to	because,	al prog.	and training !
to the triber	9,	1	9,
(Monthly/Annual/Re-eval Summary Date	a/22/0	8	
Change in ROM and/or Strength Yes No	7	-1 /	
- ro againent	charges	roledin	Ktio orees
Change in ROM and/or Strength Yes No re agrificent compared = which end findings.			
Change in Function Yes No withy lilence (dyn): FO	F, ster	of (state)	PIPA (day) Tra
Trusfan Sit a start from W/c ray. aft	ply (1) o	BZ ad K	- Cuf all to
stand 11 long vay est plys (c) of 20 Cm cy	yeux. 3	OSECV. X 3	tinch.
Update in Goals Yes No 1) house made st	bength (B	16 ly 1/2	Sucle, a) hypeans
Update in Goals No 1) house made sto bel rolly -> lin plys (3, 3) and 11 long 10	1/x 3 ray	· lin / ext	(a) of 1-2.
	U		
Change in Treatment Yes No To contino P.T. S	x/wx, 2	f sexular	to deter doesn't
yseeve and compliance rarains pelar, wil	1 1/4.		
·	$\triangle$		
PT Signature M. Helit. 7. Date 2/22/03 MD Signature	VIN		Date 2/22/28
in Digitature		/	Date 7 44

c:\new word files\pt\monthas.doc

Patient Name:	KARRON MARION Age:
	SP. FAILURE, VENT-DEP, PNEUMONIA COPD, A-F-B, MALVUTRITION
Attending Physic	
	ram: No Yes
Date ぶんん8	ben then ays, led roletty believe as, truster truing,
' /	ben then eys, lad roletty, believe eys, trusper truing,
	and prog. and studing timing.
	5-0
	0 - Bad Mobily: relling Brides ray, cartest granding to use of
	badrails, signe es set ray. ext phys (3). Baluce: Ethy (chyn)
	Fun / Fain, stood (statie) Town / Town (dyn): Fain Trungfers vit
	( steel from w/c ray. ext plys. ( of 2 and ve. Out non-unbul-
	along, able to sturk = weller reg. est jely . (2) of 2 lan green.
	30 Lecurds x 3 tricks result walle to allete this week
	A-harleto atterdance methy bos her par 2° falligill, landent
	his more little gain to this point, progress his been hayrere
	by pear cuplince Dals: 1) herese much strough Bie by 14
	quele, of home bed rolling, 3; al 11 ling 10'x3 mg. ext plyo (2).
	P- To contine PT. VX/WK, bowever considering D/c at cupture
	if considerce doesn't youare. The Hay to.
Key: E=Evalu R=Refus	
	RECORD OF TREATMENTS
Month	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total
FEB 2008	V VVVV VVVV SV - VR
9	

#### Silver Lake Specialized Care Center Department of Rehabilitation Medicine PHYSIATRY CONSULTATION

Patient Name: Karron, Marion Room #: 245	4
Requesting Physician: Klohi Date: 2/2/10	79
Date of Birth: 6/6/1930 SS (Gul # 118-24-48991)	,
Reason for Consultation:  HMo/AARP plane f	)
New Admission: Evaluate for Rehabilitation Potential	
Annual Evaluation: Evaluate Functional Status, ROM, Strength and any changes	
Other: Resul	
History/Physical Examinations, Findings and Recommendations:	
7849 Epulla COSP, mul nutretion, AFIS, VDR.	f
OSTEOPESIS SIP PEG, ETOHOGUR, Sopos	_
prA repf. Went dip	
PE	
DOOND.	
do to not flu commonly	
Ms. Que 2415)	
QUE 2415 Proximal district	
QLE 1715 Quedena / colymens	
Q LE 1415	
sarsature decruss	
adla: 1	
Change in Program:  Contractures:Yes No	_
Yes No N/A Location:	
Location.	_
	_
Consultant's Signature: Date: 121/00	-
Primary Physician's Signature:  Date: 20109	_
1644 A (CONTINUED ON BACK)	_

## SILVER LAKE SPECIALIZED CARE CENTER OCCUPATIONAL THERAPY EVALUATION

RESIDENT INFORMATION:	DATE: 1-22-08
DNR GSTR EVENT	Doctor: Klah
Name: Karron, Marion Room#:	237 Age: 77 DOB: 6-6-30
Diagnosis: Vent - Rosp Fail	
asurance Information: [] Medicaid [] Medicare, [] PVT	HMO AART Plan F
Precautions: MRSA-SATUM	Contact Isolation
PMHX: PreH, COPD A. Fib, ETC	OH Abuse, Malnotition
MENTAL STATUS	COMMUNICATION: Eng - Howhs words
Orientation: Awake Ox nano Dire	sction Following: 2° Vest & Follows Simple 1
Judgment/Safety Awareness: Fair	Step Verbal corporate
FUNCTIONAL PERFORMANCE:	HAND DOMINANCE: DR DL
STATUS DAILY LIVING SKILLS	
Feeding:	☐ G-Tube
3/4 Grooming:	
Bathing:	
3 Dressing-Above Waist:	
Dressing-Below Waist:	
Hygiene/Toileting:	
3 Mobility-Bed:	
3/4 Transfers-Bed, Chair, W/C:	
Toilet:	A second
Tub: brased or	a physical functioning
KEY: 0=Independence 1=Supervision 2=Limited Assistance 3=Extended INT=Intact IMP=Impaired ABS=Absent	ensive Assistance 4=Total Dependence 8=Activity Did Not Occur
PERFORMANCE COMPONENTS: Hearing. INT IMP	☐ Hearing Aid Vision INT IMP ☐ Glasses
Sensation (Light Touch): INT IMP ABS	Pain/Temp: (INT) IMP ABS
Perceptual Function not fully assessed	Visual Perception
Neglect	N/A
Body Schema	/ / /
Praxis	
BALANCE:	
Sitting Static: Good (Fair ) Poor Dyna	mic: Good Fair Poor
Standing Static: Good Fair Poor Dyna	amic: Good Fair Poor
FUNCTIONAL ENDURANCE:	
Good Fair (Poor N/A	

ABBREVIATIONS: (WFL)S=WITHIN FUNCTIONAL LIMITS, (WNL)=WITHIN NORM.* LIMITS, (BFL)=BELOW FUNCTIONAL LIMITS, (ABN)=ABNORMAL, (IMP)=IMPAIRED, (AB_,-AESENT, (INT)=INTACT	
Upper Extremity Status AROM PROM PROM STRENGTH TONE COOR Lower Extremity Status AROM PROM STRENGTH  WIL BIL WIL BIL BIL BIL BIL WIL BIL BIL WIL BIL WI	7/F
Contractures (Y)N Wrist Fingers Elbow Hips Knees Ankle Neck Shoulders Additional Comments: (Contractures, Decubiti, Positioning Devices, Weight Bearing Status, etc.)	s
Lor ROM, bed malulet, bolance, MMS 9  ADCS.  Restantine OT X 4 WKS.	
Tx Plan: Restorative OT P5x 0 6x 0 7x 0 Low Rest 3x 30  Pt will resure extensione OT for balance  teansfees MMS ing pendensione Q AD C 5 576 (-4wKs)  DPt will dimensione (F+) endougness employed (K+)  English of fatigue x 3 sessions (Q) Pt will demonstree (F+) BUT MW-5 employed by I've pushing self set -56  X3 sessions (3) Pt will demonstrate M'ed AD C 5  lindinged by I've duesting upper / lower body x 3  Session: 176 (4-8 DO) Pt Siell lie (F) = todnsfee  lied malifity (FAX) 5.  Instructions for Nursing:	tall and
THERAPIST'S SIGNATURE: P. De Marie Date: 1-22-08  MD'S SIGNATURE: DATE: 1-22-08	

Silver Lake Specialized Care Center
Physical Therapy Evaluation

[ 1/	1	D # 0.1	-0 H0 D	Sa dia	4 110 2	I Hear N
Name: Karron, Ma	1/10	m. # 24	574 Age 78 N	leaic	are # //8 2	498790
Admitting Diagnosis:	car	lmit from SI	VH(N) (2/11/09	- 2	19/05/7	dx: SEPSIN
Name: Karron, Ma Admitting Diagnosis: R 2° UTI, PMH: Rx Diagnosis: N/A	Ver	it dep. resp.fa	il. preumon	in,	COPD A	fib, ETOH
asuse MASA Sput	ren	, malnutrition	, hypoThyroid,	Tel	101,0A/01	Dysphas
Rx Diagnosis: N/A			, 0, 01		( /	( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Observations/Precaution	s: (	lardiac + resp. 1	DX , CONTACT IS	04	MRSA-SOL	strum Gen
edema gen ra	56	Atrach My	et deculiti A	PE	6. eurs oc	en to tartil
1	V	(L) Range of Motion	(R) Range of Motion	V	(L) Strength	(R) Strength
Hip  a) Extension/Flexion  b) adduction/abduction	0,	PROM	PROM			
a) Extension/Flexion	MA	0-90	0-90	/	No vo	Litional
b) adduction/abduction					mer	nt
c) internal/external	~	20-10	10-10	-	1	
Kilee						
a) Extension/Flexion		0-100	0-90	-		
Ankle				-		
a) Plantar Flexion	~	20-40	20-40	-		
b) Dorsi Flexion	_		•	-		
Neck				$\vdash$		
Trunk Additional Information:						
V = Contracture, WFL= Wi	thin	Functional Limits				
			(6) N MADO	0	1111 0 11	12/2/2
PROM: B shall Bed level Mobility:	UE	( C) 10 ple	x (10)	(R	Plion IT	a 13 conge
Independent		Dependent		Veeds	Assist	
indopondon.		Dopondon		10005	1100100	
Transfer Status:						
Number of People to assist	2-	3 type depen	dent - ha	uer	lit	
Ambulation Non am	len	latery		-	0	
Device		- 1	Brace/Prosthesis			
Distance		——————————————————————————————————————	Type of Assist			
Weight Bearing Status			Gait Deviations			
Balance						
Static Sitting	Dy	namic Sitting	Static Standing		Dynamic Sta	inding
W/L - I CL - I W/ L D/						
Wheel Chair Mobility Wheels Self		Denondent vule N	Lab:114.	V.FL 1	L	
wheels Self		Dependent w/c M	lobility	w neer	chair Type re	cliner
Physical Therapy Goals: ^	1/0					
A mysical amerapy Guais:	11-1					
,						
Rehab Potential: N/14						
Needs P.T. Yes	Fre	equency	Duration		Туре	
No		llow up in one year			V F	
Physical Therapy Treatmen	t Pla	ens: Resident	to continu	.0	Ta U	aar
Rom prog	ne		upp of	this	4.0	
			N/V			-1 -1 -0
lame of Doctor: Klahr		Signature:	Maryann		M.D. Date	= 2/20/04
		Signature:	Marylann m	un	OPA Date:	2/20/09
				-		1

C:\msoffice\msword\pt\pteval

### SILVER LAKE SPECIALIZED CARE CENTER OCCUPATIONAL THERAPY PROGRESS NOTE Today's Date: 1/29/08 Date of Eval 1/22/08 Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr Diagnosis: Vent Kesp, Fail, PNEM, OPD, A.F.b, ETOH MR estorative ☐ day/wk of Tx П ☐ Low Restorative minutes per week ☐ Maintenance Progress Note: restorative out Services 5xveet 30min is AtoxI Name. Pasidont recises out New Goals: Recommendation to Nursing: Key: ie=initial Dulesa Casalina h=holiday d/c=discontinuation mh=medical hold 1=1(30min)2=2(30 min)Therapist Signature e: maotificalwinwordutlat progress not doc Fiveboro Printing (718) 431-9500 Form No. SL-265

SILVER LAKE SPECIALIZED CARE CENTER OCCUPATIONAL THERAPY PROGRESS NOTE Date of Eval 1/22/08 Today's Date: 2/5/08 Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr Diagnosis: Vent RUSP. Fail, PNEM, COPD, A-Fib, FTOH Restorative ☐ day/wk of Tx ☐ Low Restorative 150 minutes per week ☐ Maintenance Progress Note: on restorative oit. Services Sxweek 30min int is AtoxI wane. Resident recives oit. For Resident is c. (Statie) Haynamic) tional endurance poor. Pasida New Goals: Recommendation to Nursing: Key: ie=initial h=holiday d/c=discontinuation mh=medical hold 1 = 1(30 min)2=2(30 min)tak (milen Pasalin Therapist Signature c: msoffice/winword/ut/ut progress nugli.doc Fiveboro Printing (718) 431-9500 Form No. SL-265

### SILVER LAKE SPECIALIZED CARE CENTER

Date of Eval 1/22/18 Today's Date: 2/12/08	Þ											
Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr												
Diagnosis: Vent Resp. Fail, PNEM, COPD, A-Fib, ETOH												
Restorative												
Resident is an restorative oit. Services 5 30 min Sessions. Resident is AtoxI Name. recives oit. for balance, Typ's, morsing, endurant	R	5.	des	Ŧ								
Physical Status (Static) Sitting balance Fair (Ognamic) Sitting balance Fair (Static) + (Dynamic) Standing balance poort . Functional endurate poor Pasidant (B) AROM WEL & Functional endurate planes												
TIFS + Bed mobility's Resident performs UE + CE Acessing Seated DEB & EXT & to pon took gown Pusitest performs 1874 of rolling & Cim/EXTA +												
Resident for contine out, as per plan	1 h	50	<u>,                                     </u>									
New Goals:												
Recommendation to Nursing:												
Once 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 15 19 20 21 22 23 24 25 26 24 27 14 15 15 17 15 19 20 21 22 23 24 25 26 24 25 25 25 25 25 25 25 25 25 25 25 25 25	27	28	29	30 31								
Key: ie=initial x=refused h=holiday d/c=discontinuation mh=medical hold s=sick l=1(30min) 2=2(30 min)												
Therapist Signature of a Carrie Tuling of L												
c: msolilos/winword/ut/ut progress nyte.doc . Fiveboro Printing (718) 431-9500 Form No. SL-265												

### SILVER LAKE SPECIALIZED CARE CENTER

Date of Eval 1/22/08 Today's Date: 2/26/08												
Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr												
Diagnosis: Vent Resp. Fail, PNEM, COPD, A-F, b, ETOH												
Restorative												
for baline, TIPS, masing, endurance + April.	217											
Physical States (State) Sitting balance Fair, Ognamic) Sitting balance fair, (State) + (Ognamic) Standing balance Pour + Function I endurance poor Resident (B) AROM WEC & Function I points + Planes	)											
TIF'S treed mobility a Resident performs UE + CE dressing Seated e ears a Ext @ to san tooke gown Pesident performs (R)+(C) rolling a cim/ext@ t sit E) supine												
Resident his mide no Signion + progress in the was of April T/F3 + Bed mubility e great time.												
New Goals:												
,												
Recommendation to Nursing:												
Outer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 16 19 20 21 22 23 24 25 26 27 28 29 30	31											
	H											
Key: ie=initial x=refused h=holiday d/c=discontinuation mh=medical hold s=sick l=1(30min) 2=2(30-min)												
Therapist Signature q h Cook multiple Coulons												
c: maotilos/winword/ut/ut progress no/a.doc . Fiveboro Printing (718) 431-9500 Form No. St.	L-265											

### SILVER LAKE SPECIALIZED CARE CENTER RESPIRATORY THERAPY INITIAL ORDER SHEET/ADMISSION ASSESSMENT

This form is to be completed by the physician. Specifications must be completed prior to initiation of treatment.

Write in Doctor's Order Sheet "Respiratory Therapy Form Made Out". Resident Name: KARRON, MARION Room No. 2374 ID#: 1530 Admission Date: 1/2/28 Time: 257/ Physician: Objective Therapy: VENTILATOR CHECKLIST Life Support Correct Hypoventilation Date: Tech. Initials: Vent#: Bronchodilation Mobilize Secretion Correct Hypoxia Alarms Functioning Filters in Place Acid/Base Correction Pressure Check Volume Check Rate Check Fio<sub>2</sub> Other: Comments: PHYSICIAN ORDERS: **VENTILATOR PARAMATERS:** MODE RESP. RATE TIDAL VOLUME PRESSURE LIMIT As per policy 300 PHYSICIAN SIGNATURE DATE: CHARGE NURSE: RESP. THERAPIST: year old (m/f) with a history of Resident is a Albuse mount. On ventilator support with the following vent setting: Mode X/O, IMV, CPAP Respiratory Rate 12 Assisting/Rate / 8 FIO2 35/1/ I Time 10.9 Flow Rate Spont VT n) (// Peep Pip 2 Alarm set at low pressure High pressure D Low volume 1 Breath Sounds O<sub>2</sub>Sat " ETCO<sub>2</sub> 34 HR Type of trach tube Santaple Cuff press Do Aug & Appearance of tracheal stoma site Trach size reduces wited award stome. Receiving Delicatione 35 x 64 de treatment to tracheal stoma site. Appearance of skin integrity under trach holding strap Trach holder changed Mon., Thurs., Bath Day and PRN. Tracheostomy tube inner cannula changed and PRN. Tracheostomy tube last changed or inserted on Trach care completed QS and prn. Suction for loose/thick/thin/tenacious secretion. Secretion's color small/moderate/large or copious. Resident is receiving Albuterol A for RenAtrovent Recent ABG: PH HCo3 34 O2 SAT 96 intel troits CBC quBC 18-2 On Antibiotics treatment of Mental Status Other Information: Municipal Control of the Information : Respiratory Therapist Signature

DATE A.	Resident's / Day/Evening/Night of Admission Suctioned for: Small/medium/large amounts
172108	Color Mill Consistency Mill Aligettes
7 100	O <sub>2</sub> SAT 9 HR 69 ETCO <sub>2</sub> 3 F
	Assisting / Resident appears Amsortaish No Se'C
	A DAMY AUTH AND MATERIA CINT TO
	Munder of And E Still of the united
	RT's Signature
122/08 B.	Resident's 1St (Day/Evening/Night of Admission Suctioned for: Small medium) large amounts
100100 B.	
	Assisting 18 Resident appears Stable ho sexp.
	distress noted, BG belateral, Rhenchi (+), Will
	centinue to monetor for any 1's. Wenton
100/00/0	D
122/08 C.	Resident's Day Evening/Night of Admission Suctioned for: Small medium large amounts
	Color Yellow Consistency thick
	0 <sub>2</sub> SAT 97/4 HR 55 ETCO <sub>2</sub> 43 mmHg
	Assisting 17 Resident appears Stable, no respiratory
	distress noted will continue to manetor for
	lany d's in resp. status. Whitar
1.2/2/-	RT's Signature
1/23/01 D.	Resident's May/Evening/Night of Admission Suctioned for: Small/medium/large amounts
11 polar	Color yollow Consistency Thick
1	O2 SAT GRAD HR 69 FETCO2 PINMHED
	Assisting Resident appears & Gara, No responsibles
	model. We'll closely montor for alies of ly rest
*	Places / ( Msy 1858)
	RT's Signature
E.	Resident's 2 Mg (Day/Evening/Night of Admission Suctioned for Small/medium/large amounts
	Color yellow Consistency thick
	02 SAT 96 HR 45 ETCO2 43 mm fg
	Assisting 14 Resident appears Mill continue to
	monitor for any Do in resperatory status.
	1 mittefærellikkt
	KT's Signature
F.	Resident's 318 Day Evening/Night of Admission Suctioned for: Small medium/large amounts
	Color yellow Consistency Minks
	O2 SAT 96 HR 48 ETCO2 40 min flag
	Assisting 13 Resident appears stable, ABGS done on 4C12, 4500
	F10235/4590 F102 analysed 40%, ABG-results are Pff 7,35 Pc025/40 POZ 80.4
	HCO3 3113 BEB318, Eng Mis made, M. Stylmeltiket
1	RT's Signature
24/0 G.	Resident's 3 / Day/Evening/Night of Admission Suctioned for Small/medium/large amounts
,	Color 1411 Consistency flill pluration
	$O_2 SAT$ HR ETCO <sub>2</sub> 38
	Assisting 20 Resident appears (My brade) w
	and me and min and to appende
	my and & supprise and At often.
	RT's Signature
14/08 H.	Resident's 31 (Day/Eyening/Night of Admission Suctioned for: Small medium/large amounts
7A-3P	Color yellowing Consistency thich
	O2 SAT 96 y HR 54/min ETCO2 36 mm HS
	Assisting Resident appears Sendle No Resp distress
	noted . Bs Bilalual . Chouch't will come multe moniter
	Ja changes - Resp Stutus. Aram Farm V
,	RT's Signature
I.	Resident's Day/Evening/Night of Admission Suctioned for: Small/medium/large amounts
	Color Consistency
	O <sub>2</sub> SAT HR ETCO <sub>2</sub>
	AssistingResident appears
	SILVERLAKE-KARRON-000460 RT's Signature

## SILVER LAKE SPECIALIZED CARE CENTER RESPIRATORY THERAPY INITIAL ORDER SHEET/ADMISSION ASSESSMENT

This form is to be completed by the physician. Specifications must be completed prior to initiation of treatment. Write in Doctor's Order Sheet "Respiratory Therapy Form Made Out".

Resident Name: Karron M	Room No. 245A	ID#: 15354
Physician: KLAHR	Admission Date: 2/19/09	Time: 5Pm
Objective Therapy:  Life Support  Correct Hypoventilation  Bronchodilation  Mobilize Secretion  Correct Hypoxia  Acid/Base Correction  Other:	VENTILATOR  Date: 21969 Vent#: 2116 Tech. In  Alarms Functioning Pressure Check Rate Check Comments: Seff-Jest	
PHYSICIAN ORDERS: <u>VENTILATOR PARAMATERS:</u> MODE Fio <sub>2</sub> RESP. RATE	TIDAL VOLUME	PRESSURE LIMIT
AC 35-45 16	500	As per policy
CHARGE NURSE: J. Dalbeno	DATE: RESP. THERAPIST:	1209 1209
MRSA (SOUTUM) SEPSIS 20 CMode A/C, IMV, CPAP Respiratory Rate  Spont VT	Assisting Rate  FIO2 35-4 I Time 0.9  High pressure 5 Low  Breath Sounds 110 + 610  Cuff press Appear  Receiving 7  Itegrity under trach holding strap  N. Tracheostomy tube inner cannula  109 Trach care completed QS a  109 Amounts scant/small  109 Other: N  100 BG: Date: NA PH NA PCO	the following vent setting:  VT_500  Flow Rate _ 44  volume _ 6. 4  changed QD and PRN.  and prn. Suction for  moderate/large or copious.  A Po2 N/A Po2 N/A  1. 9, HCT 30.2  f _ 5epsus 20
	~ M A	DCL

Respiratory\Therapist Signature

DATE/	A.	Resident's	Day/Fyening	Might of Admission	n Suctioned	for Cinality adi	um/large amounts
2/20/0	9	Color	Yello 161	Consis		hich-	ummarge amounts
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		fo Ry	1 distres	1/		70	3
		to	ueo NI +	on.		- 7	Kobara.
			10		1 -	RT	's Signature
DATE	/ B.	Resident's	1 C Day/Evening	/Night of Admissio	n Suctioned t		um/large amounts
1201	0 9	Color	1/1-1/1	Consis	The same of the sa	or. Similar media	initial ge uniounts
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7-5		Assisting	148	Resident appe	ars ad bl	0.0	10,00
		100	0157-100	-69-6 PO2		- WORCEST C	165tento
		A 00 1	666	FBC. Will Cort	1160 40	930.8 B	200/0/10
		land Chih	1118619314	1 001110077	~ to mod,	RT'	s Signature
DATE	C.	Resident's	The state of the s	Night of Admissio	n Suctioned f		
1/20	7	Color	1/8-1/00		a lame	ul C	minuige amounts
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> ((		Assisting	1 48/	HR 35 Resident appe	are and I	- 10 20 P	/ V L
		/ / / / /	FO11-122 01			nofices	STY-M nely
		BBC Steple	2 1156	202 57 6 Po			BE 7 11
		Charles in	RGSP STATU	1017 - to Ma	de forfala		n <u>MAVAI</u> s Signature
ATE	D.		and Day/Evening	/Night of Admissio	n Suctioned f		
20/09	D.	Color	Charles of the second		tency - third		intuige amounts
			97 youlow	HR 86 1 m	Thus	FTCO 2	2 mmits
11P-7A		Assisting	-11/		ars stuble	No Resp	1: the
			3 C Bildera				Particular Contract C
		noted 1	, ,	. I homen-	T. W.C.	Azam F	
		manite			. ;		s Signature
ATE	E.	Resident's	2 W Day/Evening	/Night of Admission	n Suctioned f		
2109	Li.	Color	VILLIN	Consist		VM	mitaige amounts
1-1101		O <sub>2</sub> SAT	1066	HR 99	chey	ETCO <sub>2</sub> 3	1 inputes
		Assisting (	30 10	Resident appea	are stable	· No vest	distress
		infect.	Wel 11 100 51		nitor.	, vol vol	(13)100
	:		ve i toui,	VICE IN TO	71101	7 2	5 Marly P
			· A	- 17		RŤ'	s Signature
ATE	F.	Resident's	Day/Evening	Night of Admission	Suctioned for		
121/09		Andrew Control of the	4ellow	Consist			migur ge uniounts
121/01			999	HR 92/	17/201	ETCO, 3	Kanon Ho
31	1100	O <sub>3</sub> SAT Assisting	19 min	Resident appea	ars stable	Ros chor	nchi, no res
April.	9	Listages	13.11 contin	ne to mone		ang char	der in
		685000	long status	000		Doi Cas	IL CVT
		1 Cago Val	3) 27 43			RT's	Signature
ATE	G.	Resident's 3	3vo Day/Evening/	Night of Admission	Suctioned for		
LAAL	0.	Color	4ellow	Consist			- 65 milounto
		O <sub>2</sub> SAT	1997	HR 89/m		ÉTCO <sub>2</sub>	32 months
		Assisting	19 min	Resident appea		no respon	ratory distro
		no hed. L	Dill continue	to manitor		y chance	יילפי יפיני מו
		startus.	DITT CONTINUE	10	1 1 1	J Const	all CAT
	l	2101705	0			RT's	Signature
ATE	H.	Resident's	Day/Evening	Night of Admission	Suctioned for		
nha		Color X	ellan		ency He		the state of the s
700		O <sub>2</sub> SAT	98 %	HR 90/4	- : - !	ETCO <sub>2</sub>	40
		Assisting	16	Resident appea	irs Short	ele No	zesp.
		distro	28 40100	L BBS	EN	y pres	ent
		W:02	cont to	acountor		E. Knsu	cocale
	l	7017		, , ,		RT's	Signature
ATE	I.	Resident's	Day/Evening/	Night of Admission	Suctioned for		
		Color	g/	Consiste			g
		O <sub>2</sub> SAT		HR		ETCO <sub>2</sub>	
		Assisting		Resident appea	rs		
			011.17		DON COO	RT's	Signature
Colore	lanartm	ents\Respiratory T	herany\Forms\R I Initial	ERLAKE-KAR	KKUN-0004	102	
CISTIL	cpartm	cins in espiratory 1	norapy rottiis act mittal t	Order Street - Mailingstor	1 1 1 2 2 2 3 1 1 1 1 1 1		

#### Arterial Blood Gas Flow Sheet

Name: KARRON, MARION IDIE: 153

		Ven	t Setting-											
Date Tim		VT	RR/ Assist	Fi02 -	02LPM	Therapist	O <sub>2</sub> Anal	PH	PC02	P09	HC03	BE	SAT	ETC02
1178 98 51	589 A/C	500		35/45.	315	A,5,	40%	7.35	561	80,4	31.3	3.8	9517	43
1114/08 2	P Mc	500	120	45.55	64	BS	541	7,33	82.2	40.4	43	12.8	70.3	54
1/14/1/8 2"	15 A/C	500	12	45-55	7,	A)	531	732	87.1	821	43	14.2	93.1	53
1/18/08 //	A AW	500	16 18	45-55	64	PO	46%	7.69	29	1697	-35,3	15	99.5	42
	PAC	500	16	4555	.6L	JP .	46%	7.34	45	100,5	43.1	13.	97.2	42
2/20 2	Sp ACC	500		35/45	415	RELA	40%	7.26	69.6	114.0	30.8	3.8	97.2	40 mg
2/20 2	55, ACE	500	.18	35/41	4.5	Nern	10%	7.32	57.6	117.8	29.8	2:4	97-8	40%
											-			
			.!											
											-			
							7:	-		-				
-											-	*		

#### Arterial Blood Gas Reference Range:

7.35 - 7.45HCO<sub>3</sub> 22 - 26 PCO<sub>2</sub> 35 - 45 mm hg 0 + / -2

BE

PO<sub>2</sub> 80 - 100 mm hg

TCO2 22-29

PT Body Temp. 980 - 99° F

C:\respther\arterial blood gas flow sheet

Resident's Name: KARROM MARION Date: 2108108 ID#: 15354
Resident is a year old (m/f) with a history of CORD, Resp. Jackere
on ventilator support with the following vent setting
Mode A/C, IMV, CPAP Respiratory Rate 12 Assisting Rate 19 VT 500
Spont VT NA PS NA Peep NA Fio2 35 45 I Time 0,9 Flow Rate 44
Pip   Alarm set at low pressure   Pip   High pressure   SO   Low volume   2.5
O2SAT 96% ETCO2 40 HR 78 Breath sounds Bil brooksond ER4 Track
size 8.0 Type of trach tube ACT Cuff press 22 Aspirate Bivona Trach Tube QS or NA
Appearance of tracheal stoma site Receiving
treatment to tracheal stoma site. Appearance of skin integrity under
trach holding strap wormal. Trach holder changed Mon., Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleaned 6.0 and prn. Tracheostomy tube last changed on 2508.
Trach care completed QS and prn. Suction for loose/thick/tenacious secretion Q OOD & PRN. Secretion's
Color_ Yoll Color_ Namounts scant/small/moderate/large or copious. Oral/Pharyngeal Suctioning QS and
PRN of NA. Resident is receiving Albuterol QUHPRN Atrovent Other NA
Ventilator circuits changed Q month and prn. HME changed Q OOD and prn.
Weaning parameters VC NA Spont VT NA Spont RR NA NiF NA .
Weaning: T/C @
O <sub>2</sub> SAT NA ETCO <sub>2</sub> RR NA HR NA during weaning trials. Speaking
valve duration
Recent ABG: PH 7.3.5 PCO <sub>2</sub> 56,   PO <sub>2</sub> 80, 4-HCO <sub>3</sub> 31, 3 O <sub>2</sub> SAT 95,7 . CXR 4 9 8
Recent ABG: PH 7.3.5 PCO <sub>2</sub> 56,   PO <sub>2</sub> 80, 4-HCO <sub>3</sub> 81, 3 O <sub>2</sub> SAT 95,7 . CXR 4 9 8 P. W. Wary Edward CBC 1968 Will Isolation NA Temperature 99, 1
On Antibiotics for treatment of Weekly rounds with
pulmonary physician(s) 3550
Summary: Patient Stable - No distress noted
Not Weanable at this time -
Respiratory Care Practitioner
Print Name A VOSELIA Phuliose
n/a – non applicable Signature MANA Date 3/08/08

Fiveboro Printing (718) 431-9500 Form No. SL-131

Resident's Name: LARRON MARION Date	e: 3/8/08 ID#: 15354
Resident is a 77 year old (mf) with a history of 1/2 Ratoky FAILLERE. Veat	DRF, COPD. Respi-
Ratory FAILURE Veat	dependent
PNOUMONIA on ver	
Mode(A/C), IMV, CPAP Respiratory Rate /2 Assisting Ra	ity 14 VT 500
Spont VT NA PS NA Peep NA Fio2 35	45 I Time 08 Flow Rate 504
Pip 18-20 Alarm set at low pressure 50 High press	sure 12 Low volume 2.5
O <sub>2</sub> SAT <u>97</u> / ETCO <sub>2</sub> <u>37</u> augr 84 Breath son	unds RHONCHT' BL. Trach
size S Type of trach tube 2C7 Cuff press 2	Aspirate Bivona Trach Tube OS or NA,
Appearance of tracheal stoma site NOR 11744	Receiving
treatment to tracheal stom	a site. Appearance of skin integrity under
trach holding strap NOEMAL Trach holder changed Mo	on., Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleaned and prn. Trached	ostomy tube last changed on 2/5/0 §
Trach care completed QS and prn. Suction for loose/thick/tenacion	ous secretion Q OOD & PRN. Secretion's
Color yellow. Amounts scant/small/moderate/large or of	copious. Oral/Pharyngeal Suctioning OS and
PRN or NA. Resident is receiving Albuterol PRN Atrover	nt Oy He Other
Ventilator circuits changed Q month	and prn. HME changed Q OOD and prn.
Weaning parameters VC N/A Spont VT N/A Spo	ont RR N/A NiF N/A
Weaning: T/C @LPM increased byl	nr's/day to maximum ofhours.
O2SAT N/A ETCO2 N/A RR N/A HR	U/A during weaning trials. Speaking
valve duration \( \lambda \lambda \)	
Recent ABG: PH W/HPCO2 W/HPO2 W/HCO3 W/	402 SAT N/A . CXR 2/19/08
COPD, cardio megaly CBC1/19/08 Hell wac, Isol	lation <u> </u>
On Antibiotics for treatment of	Weekly rounds with
On Antibiotics // / for treatment of pulmonary physician(s) 3/6/08 DR Sossi  Summary: Resident replace in force distress voted. We	o No A's was oder
Summary: Resident appears	stable No Respira-
tory distress voted. We	el continue to
mo NI for	
	Respiratory Care Practitioner
	Print Name TIBOR LOBRIN
n/a – non applicable	Signature Tilor Loberiu Date 3/8/8/8
Fiveboro Printing (718) 431-9500 Form No. SL-131	

Resident's Name: KARROW, MARCON	Date: 4/1/08 ID#: 45354
Resident is a 77 year old (m/f) with a history of 120	sp. fecile use - vecco. De feerdeed,
COPD, UDDF, n/o maluctroclose	
	on ventilator support with the following vent setting:
Mode A/O, IMV, CPAP Respiratory Rate 12 Assisting	
Spont VT 440 PS 1/4 Peep MH Fio2	35-45 I Time F Flow Rate 44
Pip 26 Alarm set at low pressure 16 High	
O2SAT 96% ETC O2 4 Dung to HR 886 pul Breat	th sounds Bilage Na C & N. N. OUCCES Trach
size 8 Type of trach tube Cuff press	22 em the Aspirate Bivona Trach Tube OS or NA,
Appearance of tracheal stoma site NOPMAL	Receiving
treatment to tracheal	stoma site. Appearance of skin integrity under
trach holding strap WORMA . Trach holder change	d Mon., Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleanedand prn. Tr	acheostomy tube last changed on $3/31/08$ .
Trach care completed QS and prn. Suction for loose/thick/te	nacious secretion QOOD & PRN. Secretion's
Color yellow. Amounts scant/small/moderate/larg	e or copious. Oral/Pharyngeal Suctioning OS and
PRN or NA. Resident is receiving Albuterol Oy HPN At	rovent Other N
Ventilator circuits changed Q n	nonth and prn. HME changed Q OOD and prn.
Weaning parameters VC N/A Spont VT N/A	Spont RR N/A NiF N/A.
Weaning: T/C @ M/ or M/ LPM increased by M	
O2SAT N/A ETCO2 N/A RR N/A HE	during weaning trials. Speaking
valve duration N	
Recent ABG: PH N/A PCO <sub>2</sub> N/A PO <sub>2</sub> N/A HCO <sub>3</sub>	Of O2 SAT N/A . CXR N/A
CBC N (A	Isolation N/A Temperature 99.4
On Antibiotics for treatment of	. Weekly rounds with
pulmonary physician(s) DR. Sasso-pack pro	oguers not wear ABIL
Summary: Po has perucceucico eposextes of	Paesaschagea - Racalow Direvill
cheese K-now CBC, AMD ness produced	l. Reschos come pondecay, Pir is ago -
Tastel, WILL cocoldiecce do acocotope	
(/	Respiratory Care Practitioner
	Print Name M. GORODE IS CEP
n/a – non applicable	Signature 1000 Date 4/1/08
Final and Dalaking (710) 431 0500 Farm No. 61 434	

Resident's Name: Karron Morion Date: 5/1/08 ID#: 15354
Resident is a 77 year old (m/f) with a history of Resp. Failure, Vent Dependent
COPD, Preumania, A Fib, E TOH abuse, Mypothyroidism
Hyperhapide mia, Ostcoatti, Lison ventilator support with the following vent setting:
Mode A/C, IMV, CPAP Respiratory Rate 12 Assisting Rate 14 VT 500
Spont VT 455 PS NA Peep NA Fio2 35/45% I Time O. & Flow Rate 50
Pip 30 Alarm set at low pressure 2 High pressure 50 Low volume 3. L
O2SAT 96% ETCO2 45 mm/gHR 67 Breath sounds L'd Vilat + Rhonch Trach
size 8 Type of trach tube SCT Cuff press 32 cm/2 (Aspirate Bivona Trach Tube QS or NA)
Appearance of tracheal stoma site Receiving
treatment to tracheal stoma site. Appearance of skin integrity under
trach holding strap nombl. Trach holder changed Mon., Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleaned DD and prn. Tracheostomy tube last changed on 33108.
Trach care completed QS and prn. Suction for loose/thick/tenacious secretion Q OB & PRN. Secretion's
Color
PRN or NA) Resident is receiving Albuterol 44 prn Atrovent 44 Other 0 A
Ventilator circuits changed Q month and prn. HME changed Q OD and prn.
Weaning parameters VC
Weaning: T/C @ \( \text{A} \) % or \( \text{A} \) \( \text{LPM increased by } \( \text{A} \) hr's/day to maximum of \( \text{A} \) hours.
O <sub>2</sub> SAT NA ETCO <sub>2</sub> NA RR NA HR NA during weaning trials. Speaking
valve duration PMU & family
Recent ABG: PH OPPCO2 NO PO2 OP HCO3 NO O2 SAT NO CXR 1
MBC 3.31 Hgb 9.8 Isolation N/2 Temperature 98,2
On Antibiotics for treatment of Weekly rounds with
pulmonary physician(s) Oc Ciccore
Summary: No evidence of acute infection not wearable
from wechanical unit lation 2° Sounce COPA - R.T.
to continue current regimen.
Respiratory Care Practitioner
Print Name Gest thome
n/a – non applicable  Signature  Date 5/108

#### RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: Karron Mosion Date: 6/1/08 ID#: 15354
Resident is a FF year old (m/f) with a history of VDRF COPD, Mo
malmubition, allo A. Fib, resp. failure, ETOH abeese, Preum
on ventilator support with the following vent setting: Mode (A/O, IMV, CPAP Respiratory Rate
Assisting Rate VT 500 Spont. VT PS Peep Peep
Fio2 45-55   Time 8   Flow Rate 50   Pip 26   Alarm set at low Pressure 6
High pressure 55 Low volume 3. O O <sub>2</sub> SAT 96 ETCO <sub>2</sub> 46 HR 90 Breath
sounds BLE Ru Trach size 8 Type of trach tube BC Cuff
press 20 Aspirate Bivona Trach Tube QS of NA, Appearance of tracheal stoma site rockiel
Receiving treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap holding. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned and
prn. Tracheostomy tube last changed on 3/31/08. Trach care completed QS and prn. Suction for
loose thick tenacious secretion QS & PRN. Secretion's Color
moderate/large or copious. Oral/Pharyngeal Suctioning OS and PRN or NA. Resident is receiving
Albuterol Q4°PRN Atrovent Q4° Other Releisore 10 mgai Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date MA VC MA Spont VT W/A
Spont RR NiF N/H . Weaning: T/C @ N/H % or N/H LPM increased by N/H hr's/day
to maximum of N//t hours. O <sub>2</sub> SAT N//t ETCO <sub>2</sub> N/A RR N/A HR N/A during
weaning trials. Speaking valve duration & family only Recent ABG date N/K PH N/A
PCO <sub>2</sub> N/A PO <sub>2</sub> N/A HCO <sub>3</sub> N/A O <sub>2</sub> SAT N/A . Recent CXR date: 3/24/08, Results: NO
active disease seen COPD To observed Recent CBC date 5/04/08 WBC pending
Hg Audity Isolation N/A Temperature 99.7 On Antibiotics N/A
for treatment of N/A. Weekly rounds with pulmonary physician(s) Williams
ou of 28/08, case discussed & staff, pt is accase and alect,
not weauable to coest present regularive.
Summary: resident has exhibited of the auxiety no resp.
distress notes e that fine, will closely mouron.
Respiratory Care Practitioner
Print Name HEROMATON JOURNAY
n/a – non applicable Signature M Monotov Date Myrt

VY 100 A	
Resident's Name: Karen Mar	LOY Date: 7/1/08 ID#: 15354
Resident is a 78 year old (m/f) with a histor	y of Went Do pendent Resp. foilure
	SA-Sputum ETOHabuse hypothypordism
Assisting Rate/8 VT_500 SI	pont. VT NA PS NA Peep NA
Fio2 45/55 I Time 0.8 Flow Rate 50	Pip 29 Alarm set at low Pressure 16
	SAT 99 ETCO <sub>2</sub> 44 HR 45 Breath
	ze S Type of trach tube Shiley PG Cuff
press Aspirate Bivona Trach Tube QS of	NA, Appearance of tracheal stoma site NORMAL
Receivin	8 NO Treatment to
	der trach holding strap <u>Normal</u> . Trach holder
changed Mon., Thurs., bath day and prn. Tracheoste	10 0
	8 . Trach care completed QS and prn. Suction for
loose thick tenacious secretion QS & PRN. Secretio	
(moderate/large or copious. Oral/Pharyngeal Suction	
Albuterol GYDRN Atrovent GY Other	Ventilator circuits changed Q month
	ameters date MA VC MA Spont VT MA
0.1.	C/C @ MA % or MA LPM increased by MA hr's/day
to maximum of Mathematical hours. O <sub>2</sub> SAT N/A 1	1
PCO2 NA PO2 NAHCO3 NA O2 SAT N	Recent ABG date WH PH WH  Recent CXR date: MA Results: WA
	. Recent CBC date <u>6/4/08</u> WBC 13.4
Hg 9.7 Isolation N/A Temperat	ure 98.6 On Antibiotics N/7
for treatment of WA Wee	ekly rounds with pulmonary physician(s) 6/30/08
Dr Ralph & Ciecone ptwas he	moderamicalle stable no signs Weanable from mechanica (lee, nonitor for any change in Respirator
of acute injection- It was not	Weanable four mechanica ( Use
Summary: Well continue to m	nonitor for any change in Respiratory
Status-	
	Respiratory Care Practitioner
	Print Name SAMUE (BONHOMME
n/a – non applicable	Signature Date \$1/08

Resident's Name: KARRON, M Date: 8/1/08 ID#: 15354
Resident is a 77 year old (m(f)) with a history of VDRF, COPD, zerp. failure
A. fib, ETOH obuse, preumocia hypothyroidism
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate
Assisting Rate VT 500 Spont. VT PS NA Peep NA
Fio2 35/45 I Time O. 8 Flow Rate SO Pip 20 Alarm set at low Pressure 12
High pressure 50 Low volume 3.0 O2SAT 96 ETCO2 44 HR 92 Breath
sounds BBS = NH Trach size 8 Type of trach tube DET Cuff
press 22 Aspirate Bivona Trach Tube QS or NA) Appearance of tracheal stoma site Nozaco Q
Receiving treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap Nozuce Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned (Q) and
prn. Tracheostomy tube last changed on 62608. Trach care completed QS and prn. Suction for
loose/thick/tenacious secretion QS & PRN. Secretion's Color Yellow. Amounts scant/small/
moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving
Albuterol Q4PN/Atrovent Q4 Other Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date WA VC WA Spont VT NA
Spont RR NiF NiF Weaning: T/C @ N/A or LPM increased by hr's/day
to maximum of hours. $O_2SAT NA ETCO_2 NA RR NA HR NA during$
weaning trials. Speaking valve duration = fourily only Recent ABG date 7/15/08 PH 7.34
weaning trials. Speaking valve duration = fourily only Recent ABG date 7/15/08 PH 7.34  PCO <sub>2</sub> 80 PO <sub>2</sub> 1005HCO <sub>3</sub> 43.1 O <sub>2</sub> SAT 47 Recent CXR date: 7/15/08 Results: Mild CHF
No preservoire COPD . Recent CBC date 7/14/08 WBC 13, 4
Hg 9,4 Isolation NA Temperature 98.7 On Antibiotics NA
for treatment of N/A. Weekly rounds with pulmonary physician(s) Dr. Ciecone
on 7/28/08 cose discussed = staff Pt. is not
weamable 2 to severe COPD 10 continue present
Summary: regimine Pt. is stoble No resp. distress
noted at this time Will count to moin to
D
Respiratory Care Practitioner
n/a - non applicable  Respiratory Care Practitioner  Print Name FECIX Chaverent  Signature F. Classesent Date 8/1/08

Resident's Name: KARRON, MARNON Date: 9/1/08 ID#: 15354
Resident is a 80 year old (m/b) with a history of VORF, LOPO, AX:A-FiB N/L
ma Nulytor
on ventilator support with the following vent setting: Mode AO, IMV, CPAP Respiratory Rate 16
Assisting Rate 18 VT 500 Spont. VT PS Peep Peep
Fio2 31/457 I Time 9 Flow Rate 44 4m Pip 18 Alarm set at low Pressure 12
High pressure D Low volume 4.0 O <sub>2</sub> SAT 96-91× ETC O <sub>2</sub> 76-41× Breath
sounds egul to lall i of the the Trach size 8 Type of trach tube DCT Cuff
press Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site
10 reches or sully . Receiving treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap norm. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed eleaned Q 24 and
prn. Tracheostomy tube last changed on 8/2-108. Trach care completed QS and prn. Suction for
loose/thick/tenacious secretion QS & PRN. Secretion's Color Amounts scant/small/
moderate large or copious. Oral/Pharyngeal Suctioning OS and PRN or NA. Resident is receiving
Albuterol Q4° Par (No) Atrovent 100 04° Other Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters dateVC Spont VT
Spont RRNiF Weaning: T/C @% orLPM increased byhr's/day
to maximum of hours. O <sub>2</sub> SAT ETCO <sub>2</sub> RR HR during
to maximum of hours. O <sub>2</sub> SAT ETCO <sub>2</sub> RR HR during weaning trials. Speaking valve duration Recent ABG date 7/1/04 PH 7-34
PCO <sub>2</sub> 45 PO <sub>2</sub> 100.5 HCO <sub>3</sub> 43.1 O <sub>2</sub> SAT 97.2 Recent CXR date: 8 104/8 Results: Atgit
Lower Loke INth / WBC 13.4
Hg 9.9 Isolation $N/A$ Temperature 97.6 On Antibiotics
for treatment of Weekly rounds with pulmonary physician(s) _On _ Casto
D's at this time. NOT wantable to science copp.
Summary: Next Sty at this for S signs of Bogs.  disposs. We Will at to carry would
Respiratory Care Practitioner/
Print Name Michan h
n/a – non applicable  Signature  Date 9/1/3

Resident's Name: <u>Parton</u> , <u>Marion</u> Date: <u>10/1/08</u> ID#: <u>15354</u>
Resident is a 77 year old (mlf) with a history of COPD, A-F1B, Osteogovories,
Desp. Vailine, Pneumonies, MRSA, Dysphagia, hypothyrodismi
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate
Assisting Rate VT _ 500cc Spont. VT W/A PS W/A Peep W/A
Fio2 35 45 I Time 0.9 Flow Rate 44 Pip 30 Alarm set at low Pressure 16
High pressure 55 Low volume 614 O2SAT 93 ETCO2 46 HR 59 Breath
sounds BL RHONCHI Trach size 8 Type of trach tube DCT Cuff
press 24 m Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site mormal
tracheal stoma site. Appearance of skin integrity under trach holding strap Mount. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned and
prn. Tracheostomy tube last changed on 8/25/08. Trach care completed QS and prn. Suction for
loose thick tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant small
moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving
Albuterol <u>VP Q4PRN</u> Atrovent <u>VPQ4</u> Other <u>N/A</u> Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date W/A VC W/A Spont VT N/A
Spont RR N/A NiF N/A . Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day
to maximum of <u>N/A</u> hours. O <sub>2</sub> SAT <u>N/A</u> ETCO <sub>2</sub> <u>N/A</u> RR <u>RV/A</u> HR <u>N/A</u> during
weaning trials. Speaking valve duration <u>IV/A</u> Recent ABG date <u>7/15/08</u> PH <u>7.34</u> ,
PCO <sub>2</sub> 45 PO <sub>2</sub> 100,5HCO <sub>3</sub> 43,1 O <sub>2</sub> SAT 97%. Recent CXR date: 8/3008 Results: COPD is
observed, no active disease is seen. Recent CBC date 9/22/08 WBC 7,0
Hg 10.2 Isolation N/A Temperature 99.2 On Antibiotics Copotetan
for treatment of G Tube about . Weekly rounds with pulmonary physician(s) Patient is
not weanable from mechanical ventilation. This is secondary to
severe COPD.
Summary: No continue present regimine, Overall prognosis is
extremely poor.
Respiratory Care Practitioner
Dint Name III CITIEN (I) KILL
n/a - non applicable  Print Name M. STEFAWELL  Signature M. Stefanelli Date 10/108

Resident's Name: KARRON, MARION Date: 11108 ID#: 15354
Resident is a 77 year old (mf) with a history of Resp. Failure, COPD, A-Fib, MRSA
Pneumonia, Osteoporosis Dysphagia Hypothyrodism
on ventilator support with the following vent setting: Mode (A/C), IMV, CPAP Respiratory Rate
Assisting RateVT500 Spont. VTN/A PSN/A PeepN/A
Fio <sub>2</sub> 35 45 % I Time 9 Flow Rate 44 Pip 26 Alarm set at low Pressure 6
High pressure 55 Low volume 6.4 O <sub>2</sub> SAT 98 / ETC O <sub>2</sub> 48 HR 86 Breath
sounds bilateral rhonchi Trach size 8 Type of trach tube DCT Cuff
press MOV Aspirate Bivona Trach Tube QS of NA, Appearance of tracheal stoma site WOVIM OF
Receiving treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap novmal. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleanedand
prn. Tracheostomy tube last changed on 10 3 08. Trach care completed QS and prn. Suction for
loose thick/tenacious secretion QS & PRN. Secretion's Color Amounts scant/small/
moderate/large or copious. Oral/Pharyngeal Suctioning OS/and(PRN) or NA. Resident is receiving
Albuterol QHH PRNAtrovent QHH Other NONE Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date $NA$ VC $NA$ Spont VT $NA$
Spont RR NiF N/A . Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day
to maximum of <u>N/A</u> hours. O <sub>2</sub> SAT <u>N/A</u> ETCO <sub>2</sub> <u>N/A</u> RR <u>N/A</u> HR <u>N/A</u> during
weaning trials. Speaking valve duration PMV & family only Recent ABG date N/A PH N/A
PCO <sub>2</sub> N/A PO <sub>2</sub> N/A HCO <sub>3</sub> N/A O <sub>2</sub> SAT N/A . Recent CXR date: 10 15 10 8 Results: COPD
Right Lower Lobe Pneumonia . Recent CBC date 10/30/08 WBC N 6.3  Hg V 9.3 Isolation N/A Temperature 99 On Antibiotics NONE
Hg V 9.3 Isolation N/A Temperature 99 On Antibiotics NONE
for treatment of <u>N/A</u> . Weekly rounds with pulmonary physician(s) <u>Dr. Ciccone</u>
on 10 27/08 case discussed & staff. Patient is not weanable from
mechanical ventilation secondary to severe COPD.
Summary: Pt is stable. We'll continue to monitor pt. for any As in
respiratory status.
Respiratory Care Practitioner
Print Name SVETLANA MARINYAK
n/a - non applicable Signature 6 Marinyak Date 11/108

Resident's Name: Karrow, Marion Date: 12/1/08 ID#: 15354	-
Resident is a FF year old (m/f) with a history of Resp. Fai lure, VDRF	
COPD, 4/0 maluretrition, the A. Fib, of teo porosts	_
on ventilator support with the following vent setting: Mode AVC, IMV, CPAP Respiratory Rate	
Assisting Rate 19 VT 500 Spont. VT N/H PS N/H Peep N/H	
Fio <sub>2</sub> 35-45 I Time 0.9 Flow Rate 44 Pip 20 Alarm set at low Pressure 16	
High pressure 5 Low volume 6. 902SAT 96 ETCO2 43 HR 59 Breath	
sounds BL, DE, RH Trach size 8 Type of trach tube DCY Cuff	0
press 24 Aspirate Bivona Trach Tube QS or NA Appearance of tracheal stoma site Troular	V
Receivingtreatment to	
tracheal stoma site. Appearance of skin integrity under trach holding strap TWWW. Trach holder	
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleanedand	
prn. Tracheostomy tube last changed on 10/3/08. Trach care completed QS and prn. Suction for	
loose thick/tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant/small/	
moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving	
Albuterol QYPPN Atrovent QY Other Pedicition Some Wentilator circuits changed Q month	
and prn. HME changed QOD and prn. Weaning parameters date	
Spont RR /// NiF /// . Weaning: T/C @ //// % or //// LPM increased by /// hr's/day	
to maximum of M/H hours. O <sub>2</sub> SAT M/H ETCO <sub>2</sub> M/H RR M/H HR M/H during	>
weaning trials. Speaking valve duration C fould Recent ABG date N/A PH N/A	
PCO2 N/A PO2 N/A HCO3 N/A O2 SAT N/H . Recent CXR date: M/4/08 Results: COAL and	V
RLL preuwouig . Recent CBC date 11/29/08 WBC 8, 7	-
Hg 9, VIsolation N/H Temperature 94.6 On Antibiotics Musipime, Avelox	
for treatment of RLL Presurocesa. Weekly rounds with pulmonary physician(s) for Goodle	_
on 1/24/08 case discussed o short pt is testiagre 120+	-
weavable 2 to severe cord, cold primine.	-
Summary: Zeridell had DE B & TSOB Fless molning	
ACO. IN 1015 GIVEN FRO E @ ELS, WILL CHOSELF MARCH FOR,	-
Respiratory Care Reactitioner	1
n/a – non applicable  Print Name   I   EXIMODE   Signature   Date   2   1   100	7
ina – non applicable Signature Signature (IIII ) Date / O 11 190	

Resident's Name: Karnon, Marion Date: 1/1/09 ID#: 15354
Resident is a 77 year old (m/f) with a history of CODD. A Fib, Ostesporocis
lesp-foilure, prieumonia, MRSA, Dysphosia, hypothypothym.
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate
Assisting Rate 19 VT 500 Spont. VT 491 PS NA Peep +5
Fio <sub>2</sub> 35/45 I Time D - 9 Flow Rate 44 Pip 23 Alarm set at low Pressure 20
High pressure 60 Low volume 6-4 O <sub>2</sub> SAT 95 ETC O <sub>2</sub> 49 mm HR 17 Breath
sounds Belat Phonely head Trach size 8 Type of trach tube Study Det Cuff 24
press OM Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site
. Receiving treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap mount. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned on and
prn. Tracheostomy tube last changed on $12/08/08$ . Trach care completed QS and prn. Suction for
loose/thick/tenacious secretion QS & PRN. Secretion's Color Amounts scant/small/ 70
moderate/large or copious. Oral/Pharyngeal Suctioning OS and PRN or NA. Resident is receiving
Albuterol Q4PRNAtrovent UD 64 Other predmissing 10mg Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date NA VC NA Spont VT NA
Spont RR NiF N/A. Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day
to maximum of NA hours. O <sub>2</sub> SAT NA ETCO <sub>2</sub> NA RR NA HR NA during
weaning trials. Speaking valve duration Efamily only Recent ABG date 11/14 PH 11/14
PCO <sub>2</sub> N/A PO <sub>2</sub> N/A HCO <sub>3</sub> N/A O <sub>2</sub> SAT N/A . Recent CXR date: 11/19/08 Results: CODD. RLC
Prieumoria . Recent CBC date 11/29/08 WBC 8-7
Hg 9.7 Isolation N/A Temperature 99.9 On Antibiotics N/A
for treatment of $\frac{N/4}{}$ . Weekly rounds with pulmonary physician(s) $\frac{12/1508}{}$
Dr Ralph J. Ciccome. Case assured e Staff. Pallentes only
Neanable from Mechanical ventilation 2ª to De vere Copo.
Change in Rosp states
Respiratory Care Practitioner
Print Name SAMUE (BOWN HOMME
n/a – non applicable Signature S. Biralian Date 1/1/09

Resident's Name: KANNON, MMI'ON Date: 2/3/09 ID#: 15354
Resident is a 18 year old (m(f) with a history of COPD, Afib, osteperiofis,
VORF
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate 16
Assisting Rate 3 VT 500 Spont. VT N/A PS N/4 Peep 5
Fio2 35/45 I Time 0-9 Flow Rate 144 Pip 27 Alarm set at low Pressure 16 carter
High pressure 550 Low volume 6-4 O2SAT 966 ETCO2 39 HR 101 Breath
sounds Blateral & chuhi Trach size & Type of trach tube & Hich DCT Cuff
press 22 Aspirate Bivona Trach Tube QS or NA Appearance of tracheal stoma site normal
. Receiving N/A treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap . Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned 8-1) and
prn. Tracheostomy tube last changed on 12/8/08. Trach care completed QS and prn. Suction for
loose/thick/tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant/small/
moderate large or copious. Oral/Pharyngeal Suctioning OS and PRN or NA. Resident is receiving
Albuterol QHF Atrovent QHF Other N/A Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A
Spont RR N/A NiF N/A . Weaning: T/C @ N/A or N/A LPM increased by N/A hr's/day
to maximum of NA hours. O <sub>2</sub> SAT NA ETCO <sub>2</sub> NA RR NA HR NA during
weaning trials. Speaking valve duration E for by Recent ABG date AP PH NA  PCO <sub>2</sub> NA PO <sub>2</sub> NA HCO <sub>3</sub> NA O <sub>2</sub> SAT NA . Recent CXR date: NA Results:
PCO <sub>2</sub> NA PO <sub>2</sub> NA HCO <sub>3</sub> NA O <sub>2</sub> SAT NA . Recent CXR date: NA Results:
. Recent CBC date 31/0-9 WBC 18.5
Hg 9.2 Isolation Meya Surd Wer Temperature 102.9 On Antibiotics Avelox and manipine
for treatment of premoura. Weekly rounds with pulmonary physician(s) & Cicene 1/26/09. No charge were made charge Konnoh; to be
1/26/09. NO Chays were made dury Kounds; to be
souther with poster rigining
Summary: Lenedent appour comfortable. Resident es Stath
No original any temphology dustress well contain to man to -
Respiratory Care Practitioner
Print Name JOHN CHENYAN
n/a – non applicable Signature Lay Date 2/3/0-9

Resident's Name: KARRON, MARION Date: 3/6/09 ID#: 15354
Resident is a 77 year old (m/f) with a history of COPD, AFIB, OSTEOPOROSIS, VORF,
RIO malnutrition, resp. failure, preumonia, MRSA, Sepira, hypothyroidian
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate 18
Assisting Rate 18 VT 500 Spont. VT NA PS NA Peep TS
Fio <sub>2</sub> 30 40 I Time 019 Flow Rate 44 Pip 30 Alarm set at low Pressure 16
High pressure $55$ Low volume $72$ $O_2SAT$ $95$ ETC $O_2$ $43$ HR $125$ Breath
sounds BL RHOWCHT Trach size 8 Type of trach tube DCT Cuff
press 24 cm Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site mormal
Mormal . Receiving NA treatment to
tracked stome site. Appearance of skin integrity under track holding strap 44 57 44 50 Track holder
tracheal stoma site. Appearance of skin integrity under trach holding strap <u>normal</u> . Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned of and arm Systim for
prn. Tracheostomy tube last changed on 307. Trach care completed QS and prn. Suction for
loose thick tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant small
moderate/large or copious. Oral/Pharyngeal Suctioning OS and PRN or NA. Resident is receiving
Albuterol UDQ 4 PRN Atrovent UDQ4 Other NA Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date WA VC NA Spont VT NA
Spont RR NiF
to maximum of <u>NA</u> hours. O <sub>2</sub> SAT <u>NA</u> ETCO <sub>2</sub> <u>NA</u> RR <u>NA</u> HR <u>NA</u> during
weaning trials. Speaking valve duration WA Recent ABG date 2/20/09 PH 7/32
$PCO_2$ 57,6 $PO_2$ 17.8 $PCO_3$ 29,8 $PCO_3$ 29,8 $PCO_3$ Recent CXR date: $PCO_3$ Results: $PCO_3$ Result
NA . Recent CBC date 2/9/09 WBC 11,4
Hg 89 Isolation MRSA Temperature 99.6 On Antibiotics NA
for treatment of NA Weekly rounds with pulmonary physician(s) Resident
to continue present regimina, Resident is not wearable + has pour
prognosis. Will continue to monitory for any D's in respiratory status
to continue present regimina. Resident is not wearable & has pour prognosis. Will continue to monitory for any D's in respiratory status.  Summary: Resident is not wearable & has poor prognosis,
Respiratory Care Practitioner
Print Name M. STEFAIVELL
n/a – non applicable Signature M. Stefanelle Date 3/6/07

Resident's Name: WARRON, MARION Date: 4/3/09 ID#: 15354
Resident is a 77 year old (mf) with a history of COPD, VDRF, A-FIB, OSTEOPOROSIS,
SEPSIS 2° UTT, PNA, RESP. FAILURE,
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate
Assisting Rate NA VT 500cc Spont. VT NA PS NA Peep +5
Fio2 30 40 I Time 0.8 Flow Rate 50 Pip 30 Alarm set at low Pressure 16
High pressure 55 Low volume 7,2 O <sub>2</sub> SAT 98 ETCO <sub>2</sub> HR 99 Breath
sounds BLRHONCHI Trach size S Type of trach tube DCT Cuff
press 24cm Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site worms?
Mormal . Receiving WA treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap wows. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned on and
prn. Tracheostomy tube last changed on $2/3/09$ . Trach care completed QS and prn. Suction for
loosekhick/tenacious secretion QS & PRN. Secretion's Color yellow . Amounts scant/small/
moderate large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving
Albuterol UDQ - PRIAtrovent UDQ - Other WA Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date
Spont RR NA NiF NA . Weaning: T/C @ NA % or NA LPM increased by NA hr's/day
to maximum of <u>NA</u> hours. O <sub>2</sub> SAT <u>WA</u> ETCO <sub>2</sub> <u>WA</u> RR <u>NA</u> HR <u>NA</u> during
weaning trials. Speaking valve duration Recent ABG date PH PH PH
PCO <sub>2</sub> NA PO <sub>2</sub> NA HCO <sub>3</sub> NA O <sub>2</sub> SAT NA . Recent CXR date: NA Results: NA
NA . Recent CBC date 3/9/09 WBC 11,4
Hg 8,9 Isolation NA Temperature 101,50n Antibiotics NA
for treatment of NA . Weekly rounds with pulmonary physician(s) Resident
is hemodynamically stable, staff to continue present regimene, Resident
is not wearable from mechanical ventilation, overall prognoiss is poor
Summary: Desident is not weanable, Overall prognosis is poor, Will
continue to monitor for any 1 is in respectatory status,
Respiratory Care Practitioner
n/a – non applicable  Print Name M. STEFAWELL  Signature M. Stefandli Date 4/3/89
n/a – non applicable Signature 9/1, Stefandle Date 4/3/89

rron, Marion LSN: 118244899



Page 1 of 2 ccount 2509306-120858

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date C	ollected	Date Rec	ceived	Date Reported	Sex	Age
R8205298T	1260017203	3 10/2	6/2008	10/26	/08	10/27/2008	F	78
		PATIENT	RESULTS					
Test	Out o	of Range	Within	Range	and the second	Reference Range	Units	
Chemistry							/ 7	
Glucose (grey) FASTINGFasting?	Н 14				65-	99	mg/dL	
(Fasting G		riteria for the di	agnosis of dia	betes:				
	dL: Normal fasting g	ducase						
	g/dL: Impaired fasting							
	dL: Indicative of dial							
	tes Care 29:S43-S48							
Urea Nitrogen		, 2000	In Proc	ess	9-2	3	mg/dL	
Creatinine	,		0.6			-1.1	mg/dL	
eGFR (calculat			>60		>60		3,	
For Africa	n-Americans, multipl	ly EGFR result	x 1.2					
- L //Creat Rati	0		In Proc	ess	5.0	-30.0		
Sodium			141			-146	mEq/L	
Potassium			In Proc	ess			mEq/L	
Serum Appearan	ce		Clear		Clea			
Chloride			100		99-		mEq/L	
Carbon Dioxide			In Proc	ess	20-3		mEq/L	
Calcium			9.2			-10.4	mg/dL	
Protein, Total Albumin			6.6			-8.3	g/dL	
Globulin			3.4			-4.8	g/dL	
i Ratio			1.0			-4.0 -2.5	g/dL Ratio	
Aıkaline			In Proc	922	45-1		IU/L	
Phosphatase			III FIOC	CSS	45	129	1.0/11	
AST (SGOT)			In Proc	egg	13-4	1.0	IU/L	
ALT (SGPT)			49	CDD	10-4		IU/L	
Bilirubin, Tot	al		In Proc	ess		-1.2	mg/dL	
Hematology							5 / 0.2	
White Blood Co			10.3		4.0	-11.0	x10^3/	uL
Red Blood Coun		16			3.80	0-5.40	x10^6/1	uL
Hemoglobin	L 9.				11.	1-14.7	g/dL	
Hematocrit	L 30	.2				0-45.0	00	
MCV			96		78-1	102	fL	

Report Generated By Autolims on 10/27/2008 at 08:22 AM

MCH



30.7

\*\*INCOMPLETE REPORT\*\*

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2509306-12085849

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1, Marion 118244899 130A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

2ccount 2512885-121367 Page 1 of

SILVERLAKE NH - STATS 275 Castleton Avenue 10301 Staten Island, NY

SCEUSA CARL DR.

130A	Medical Difference M.D. Patricia R. Romano, M.D.	DR. Z	
	Patrice R. Romeno, M.	Δ·	Sex Age
		Date Received 10/31/2	2008 F 78
	Date Collected	10/30/08 10/31/	
Lab	10/30/2008 08:05 AM RESULTS	Reference Rai	Units
,46937	PATIENT RESUBIO	Referen	
	Out of Range		mg/dL
Test		- 0	mg/an

Test 65-99 Criteria for the diagnosis of diabetes: istry H

cose (grey) INGFasting?No (Fasting Glucose)

< 100 mg/dL: Normal fasting glucose 100-125 mg/dL: Impaired fasting glucose > 125 mg/dL: Indicative of diabetes Ref: Diabetes Care 29:S43-S48, 2006

0.6 ea Nitrogen >60 For African-Americans, multiply EGFR result x 1.2 eatinine (calculation) 141

IN/Creat Ratio 4.7 101 odium otassium 31 9.8 hloride arbon Dioxide alcium

6.5 3.3 Total 3.2 rotein, 1.0 Albumin **3lobulin** 225 H

A/G Ratio 31 Alkaline Phosphatase 45 AST (SGOT) ALT (SGPT) 0.2 L Total 5.8

Bilirubin, Special Chemistry GlycoHgb (Alc)

Hematology White Blood Count 2.95 Red Blood Count 9.3 Hemoglobin

28.2 96 \*\*COMPLETE REPORT\*\* Hematocrit MCV

mg/dL mg/dL 9-23 0.6-1.1

>60 5.0-30.0 mEq/L 132-146 mEg/L 3.5-5.5 mEq/L mEq/L 99-109 20-31 mg/dL 8.5-10.4 g/dL 6.0-8.3 g/dL 3.2-4.8 g/dL

1.9-4.0 Ratio 1.0-2.5 IU/L 45-129 IU/L 13-40 IU/L 10-49 mg/dL

0.3-1.2 4.0-6.0

x10^3/uL 4.0-11.0 x10^6/uL 3.80-5.40 g/dL 11.1-14.7 00 34.0-45.0 fL 78-102

---ed By Autolims on 10/31/2008 at 11:32 AM



6.3

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim

rron, Marion SSN: 118244899 Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romero M. D.

Accan Link & Satisfied 136706 Page 2 of 2

> SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R82346937	1300022701	10/30/2008 08:05 AM	10/30/08	10/31/2008	F	78

		PATIENT	RESULTS		
Test	(	Out of Range	Within Range	Reference Range	Units
MCH	H	31.7		27.0-31.0	pq
MCHC			33.2	31.0-37.0	% pg
Neutrophils%			66.4	40.0-70.0	00
Lymphocytes%			20.6	20.0-40.0	00
Monocytes%			6.0	2.0-10.0	00
Eosinophils%	H	5.9		1.0-4.0	00
Basophils%	H	1.1		0.0-1.0	%
Neutrophils, Abs			4.2	1.6-7.8	x10^3/uL
Lymphocytes, Abs			1.3	1.0-4.5	x10^3/uL
Monocytes, Abs			0.4	<1.0	x10^3/uL
inophils,			0.4	<0.7	x10^3/uL
Basophils, Abs.			0.1	< 0.3	x10^3/uL
Platelets			202	150-450	x10^3/uL
RDW-CV			15.2	11.0-16.0	%
MPV			10.5	8.0-13.0	fL

\*\*Requisition Parameters\*\*

Fasting?

These data are acceptable for the patient's clinical/condition. No further follow up necessary at this time.

These data will be monitored for further evaluation, see patient chart. M.D.

DATE

\*\*COMPLETE REPORT\*\*

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Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2519885-12136706

Fron, Marion SSN: 118244899

Room: 130A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patrice R. Romero, M. D.

Page 1 of 2\ccount215222191811-121611

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date C	Collected	Date Received	Date Reported	Sex	Age
R8234475H	1020023701	11/02/2008	8 05:20 PM	11/02/08	11/03/2008	F	78
		PATIENT	RESULTS		,		
Test	Out of	Range	Within	Range	Reference Range	Units	

*	*** This	Report	Contains Critical	Values ****	
Chemistry					
Glucose (grey)			91	65-99	mg/dL
FASTINGFasting?N	0	Criteria	for the diagnosis of diabetes:		
(Fasting Glue			8		
	: Normal fasti	ng glucose			
	dL: Impaired f		ose		
	: Indicative of				
	s Care 29:S43-				
Urea Nitrogen	H	52		9-23	mg/dL
Cratinine	L	0.5		0.6-1.1	mg/dL
ef ? (calculati	on)		>60	>60	3, 42
		ltiply EGF	R result x 1.2		
BUN/Creat Ratio	H	104.8		5.0-30.0	
Sodium			142	132-146	mEq/L
Potassium			5.4	3.5-5.5	mEq/L
Chloride			101	99-109	mEq/L
Carbon Dioxide	VH	37		20-31	mEq/L
Calcium			10.0	8.5-10.4	mg/dL
Hematology					3,
White Blood Cour	nt		5.7	4.0-11.0	x10^3/uL
Red Blood Count	L	3.06		3.80-5.40	x10^6/uL
Hemoglobin	L	9.7		11.1-14.7	g/dL
Hematocrit	L	29.6		34.0-45.0	70/0
MCV			97	78-102	fL
MCH	H	31.6		27.0-31.0	pg
M F			32.7	31.0-37.0	100
Neucrophils%	H	71.9		40.0-70.0	00
Lymphocytes%			20.0	20.0-40.0	0/0
Monocytes%			5.6	2.0-10.0	0/0
Eosinophils%			2.3	1.0-4.0	%
Basophils%			0.2	0.0-1.0	0/0
Neutrophils, Abs			4.1	1.6-7.8	x10^3/uL
Lymphocytes, Ab	5		1.1	1.0-4.5	x10^3/uL
Monocytes, Abs			0.3	<1.0	x10^3/uL
Eosinophils,			0.1	< 0.7	x10^3/uL
		**CO	MPLETE REPORT**		

nerated By Autolims on 11/03/2008 at 05:56 AM

Repo

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2522981-12161121

ron, Marion SSN: 118244899

Room: 130A

Page 2 of 2

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x10^3/uL

fL

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Patricia R. Romero M. D.

						1 0	7
Specimen #	Lab#	Date C	ollected	Date Received	Date Reported	Sex	Age
R8234475H	102002370	1 11/02/2008	3 05:20 PM	11/02/08	11/03/2008	F	78
		PATIENT	RESULTS			,	
Test	Out	of Range	Within	Range	Reference Range	Units	
* - '	**** This I	eport Cont	ains Cri	tical Valu	es ****		
Alaca Insta							
Absolute	71		0 0	0	2	7000	T
Basophils,	ADS.		0.0	< 0	. 3	$x10^3/$	UL

Basophils, Abs. 0.0 < 0.3 Platelets 180 150-450 RDW-CV 14.7 11.0-16.0 MPV 11.3 8.0-13.0

\*\*Requisition Parameters\*\*

Fasting?

Repo

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE data will be monitored for further evaluation, see patient chart. Th M.D.

ron, Marion SSN: 118244899 Room:130A 122 medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1Account257372403-122381

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

	Specimen #	Lab#	Date	Collected	Date Rec	eived	Date Reported	Sex	Age
	R8234635M	1090012201	11/09/200	8 02:48 PM	11/09	/08	11/09/2008	F 7	8
	11.7		PATIENT	RESULTS			, , ,		
	Test	Out of			n Range		Reference Range	Units	
	100-125 mg/dI		eria for the di cose glucose	iagnosis of dia	betes:	65-9	9	mg/dL	
	Ref: Diabetes ( Urea Nitrogen Creatinine eGTR (calculation ) For African-Ar	Care 29:S43-S48, 2 H 51 mericans, multiply	2006 EGFR result	0.6 >60 x 1.2		9-23 0.6- >60	-1.1	mg/dL mg/dL	
	Bun/Creat Ratio Sodium Potassium Chloride Carbon Dioxide	н 85.		142 4.8 102		5.0- 132- 3.5- 99-1 20-3	-5.5 L09	mEq/L mEq/L mEq/L mEq/L	
]	Calcium Hematology	11 33		10.3	116		-10.4	mg/dL	
	White Blood Coun Red Blood Count Hemoglobin Hematocrit P elets	L 2.8 L 9.3 L 27.	,	7.5	9.7	3.80	-11.0 )-5.40 L-14.7 )-45.0	x10^3/ul x10^6/ul g/dL % x10^3/ul	L
		**R	equisit	ion Paran	neters*	k			
	Fasting? - No These data are acceptable t M.D.	for the patient's c	linical condi	tion. No furt	her follow DATE	up neces	ssary at this time.		
	These data will be monitor I.D.	ed for further eva	aluation, see	patient chart	DATE _ DATE		.X		

Report, Generated By Autolims on 11/09/2008 at 07:25 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2537243 – 12238102

rron, Marion SN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of Account 20184446194-122784

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

		A. 10 (1907)				
Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R82049223	1120134002	11/12/2008 03:48 PM	11/12/08	11/12/2008	F	78
Test		PATIENT RESULTS esults Originall Range Within ort Contains Cri			3 06:56 Units	PM
Clausia	тить кер	ore concarns cri	cicai vaiue	5		
Chemistry						
Glucose (grey) FASTINGFasting G (Fasting G	?No Crit	eria for the diagnosis of diab	65 - petes:	99	mg/dL	
100-125 m > 125 mg/	ng/dL: Impaired fasting /dL: Indicative of diabet	glucose es				
Urea Nitrogen	etes Care 29:S43-S48, 20 H 54	006	0.0	2	/ 3	
Creatinine	H 54	0.7	9-2		mg/dL	
e } (calculat	ion)	>60	>60	-1.1	mg/dL	
	n-Americans, multiply l	FGFR result v 1 2	>60			
BUN/Creat Rati	ю н 77.		5 0	-30.0		
Sodium		141			mEq/L	
Potassium		5.2		-5.5	mEq/L	
Chloride		100	99-1		mEq/L	
Carbon Dioxide	VH 37	_ 0	20-1		mEq/L	
Calcium		9.9			mg/dL	
Hematology		2.2	0.5	10.4	mg/ an	
White Blood Co	ount	10.8	4 0	-11.0	x10^3/u	1T.
Red Blood Cour	it L 3,.2				x10 <sup>6</sup> /u	
Hemoglobin				1-14.7	g/dL	4.11
Hematocrit	L 10.	5		0-45.0	000	
Platelets	ő.	247			x10^3/u	ıT.
Reported to: Silverlake	e NH - Stats at 11/12 e NH - Stats at 11/12	/08 06:56 PM	nts**		1110 370	
Fasting? - No		equisition Param	1 11	1/4		
M.D.		inical condition. No furth	DATE	ssary at this time.		
These data will be mon	nitored for further eva	luation, see patient chart.	DATE			

nerated By Autolims on 11/12/2008 at 08:09 PM

Repo

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim  $2\,5\,4\,4$ 

Page 1 of 2 ccount 25 52 25 - 123179

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Patient Information

rron, Marion ~~N: 118244899

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Patricia R. Romeno, M. D.

Specimen #	Lab #	Date Collecte	d Date Re	eceived	Date Reported	Sex	Age
R8234680G 11	60010502	11/16/2	2008 11/16	5/08	11/16/2008	M	78
and the second			SULTS				
Test	Out of R	ange	Within Range	J.	Reference Range	Units	
Chemistry Iron Iron Binding Capacity Iron Saturation (%) Ferritin Transferrin Special Chemistry Vitamin B12 Folate		5(	3 3 54.2	211- >5.4 Refere	450 22 0-380.0 911 ance Range: ent <3.4 ng/mL	ug/dL ug/dL % ng/mL mg/dL pg/mL ng/mL	
Hematology White Blood Count Red Blood Count Hemoglobin Hematocrit MCV MCH MCHC Neutrophils% Limphocytes% M. bcytes% Eosinophils% Basophils% Neutrophils, Abs Lymphocytes, Abs Monocytes, Abs Eosinophils, Absolute	H 11.0 L 3.20 L 10.3 L 31.9 H 31.9 H 83.2 L 10.3	5 3 9 98 5 32	5 8 2 1 4	Norma  4.0- 4.20 12.5 38.0 78-1 27.0 31.0 40.0	-31.0 -37.0 -70.0 -40.0 10.0 4.0 1.0 7.8 4.5	x10^3/ x10^6/ g/dL % fL pg % % % x10^3/ x10^3/ x10^3/	uL uL uL
Basophils, Abs. Platelets	* 1	0. 29 *COMPLETE F	8	<0.3 150-		x10 <sup>3</sup> /x10 <sup>3</sup> /	

enerated By Autolims on 11/16/2008 at 08:50 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2552263-12317923

130N

Patient Information

rron, Marion SN: 118244899



Page

2 Ac2552263atb2317923

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patrice R. Romeno, M. D.

Specimen #	Lab#	Date Co	llected	Date Rece	eived	Date Reported	Sex	Age
R8234680G	1160010502	11/1	5/2008	11/16/	08	11/16/2008	M	78
	P	ATIENT	RESULTS					
Test )	Out of Ran	nge	Within	Range		Reference Range	Unit	S
RDW-CV MPV Reticulocytes			14.4 10.5 1.4		8.0	0-16.0 -13.0 -2.5	% fL %	
These data are acceptab M.D. These data will be mon				DATE _	up nece	essary at this time.		
M.D				DATE _				

\*\*COMPLETE REPORT\*\*

perated By Autolims on 11/16/2008 at 08:50 PM

Repo

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2552263 – 12317923

Karron, Marion
N: 118244899



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> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1<sub>Account</sub> 256676766766-123967

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R8234329V	1230011301	11/23/2008	11/23/08	11/23/2008	M	78
		PATIENT RESULTS				

Red Blood Count L 3.21 4.20-6.00 x1	
White Blood Count       No.0       4.0-11.0       x1         Red Blood Count       L       3.21       4.20-6.00       x1         Hemoglobin       L       10.1       10.7       12.5-16.1       g/         Hematocrit       L       31.1       31.9       38.0-52.0       %         MCV       97       78-102       fL	Units
Cophils	0^3/uL 0^6/uL dL 0^3/uL 0^3/uL 0^3/uL 0^3/uL
Platelets       239       150-450       x1         RDW-CV       14.4       11.0-16.0       %         MPV       10.9       8.0-13.0       fL	0^3/uL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. DATE
These data will be monitored for further evaluation, see patient chart

These data will be monitored for further evaluation, see patient chart.

DATE

\*\*COMPLETE REPORT\*\*

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Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2566736-12396726

arron, Marion SN: 118244899 Room: 132A Siel medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M. D.

Page 1 of Account 2 to 7 Patible - 124046

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date (	Collected	Date Received	Date Reported	Sex	Age
R82052925	1240049901	11/24/200	8 09:25 AM	11/24/08	11/24/2008	M	78
		PATIENT	RESULTS				
Test	Out of R	Range	Within	Range	Reference Range	Units	
)			10	122hr			
Endocrinology							
Thyroxine (T4			8.7			ug/dL	
T3-Uptake	H 40.	0		W 2	2.5-37.0	%	
FTI (T7)			3.5		.5-3.9	ng/dL	
TSH 3rd Gener	ation		3.66	11-1	.35-5.50	uIU/mL	
These data are accepta M.D. These data will be mo				er follow up n	necessary at this time.		
M.D.		,	F	DATE			

Il soph

arron, Marion 3N: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M. D.

Page 1 of 14ccount 255711361-124173

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date	Collected	Date Rec	eived	Date Reported	Sex
R82051929	1250024301	11/25/200	08 09:02 AM	11/25	/08	11/25/2008	M 78
		PATIENT	RESULTS				
Test	Out of I	Range	Within	Range		Reference Range	Units
ematology			il	173/48			
White Blood Coun	nt		7.8	1 1	4.0	-11.0	x10^3/uL
Red Blood Count	L 3.0	4				0-6.00	x10^6/uL
Iemoglobin	L 9.6		(0	1.		5-16.1	g/dL
Iematocrit	L (29.		31	. (		0-52.0	000
ICV			97	,	78-	102	fL
ICH	н 31.	7			27.	0-31.0	pg
ICHC			32.6			0-37.0	pg %
eutrophils%			67.2			0-70.0	00000
ymphocytes%			21.3			0-40.0	%
Ionocytes%			6.9			-10.0	00
inophils%	H 4.4					-4.0	0/0
ophils%			0.2			-1.0	%
leutrophils, Abs			5.3			-7.8	x10^3/uL
ymphocytes, Abs	}		1.7			-4.5	x10^3/uL
lonocytes, Abs			0.5		<1.		x10^3/uL
Cosinophils, Obsolute			0.3		< 0.	/	x10^3/uL
Basophils, Abs.			0.0		< 0.	2	x10^3/uL
Platelets			214			-450	x10 3/uL
RDW-CV			14.3			0-16.0	%
1PV			9.3			-13.0	fL
nese data are acceptable	for the patient's c	linical cond	ition. No furtl		up nece	essary at this time.	
D. data will be manited	rad for further are	aluation as	notiont about	DATE			
data will be monitor	red for further ev	atuation, see	patient chart	DATE			
,				DAIR -			

\*\*COMPLETE REPORT\*\*

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Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2571361-12417328

Marion 118244899 Room:130A

Siel madical laboratory

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Medical Director
Patricia R., Romano, M.D.
Patricia R., Romano, M. D.

Page 1 of 1Account 2578965-124519

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

			D. C. D. L. L.	Data Barantad	Con	7 7 4 9 9
Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205255B	1290005001	11/29/2008 09:04 AM	11/29/08	11/29/2008	M	78
		DATE DECLIE				

		PATIENT	RESULTS		
Test		Out of Range	Within Range	Reference Range	Units
)					
Hematology					
White Blood Count			8.7	4.0-11.0	x10^3/uL
Red Blood Count	L	3.03		4.20-6.00	x10^6/uL
Hemoglobin	$\mathbf{L}$	9.7		12.5-16.1	g/dL
Hematocrit	L	30.1	,	38.0-52.0	000
MCV			99	78-102	fL
MCH	H	32.0		27.0-31.0	pg
MCHC			32.3	31.0-37.0	D 항 항 항
Neutrophils%	H	78.9		40.0-70.0	00
Lymphocytes%	L	11.3		20.0-40.0	00
Monocytes%			5.7	2.0-10.0	%
Ec inophils%			3.5	1.0-4.0	00
B. bhils%			0.6	0.0-1.0	%
Neur ophils, Abs			6.8	1.6-7.8	x10^3/uL
Lymphocytes, Abs			1.0	1.0-4.5	x10^3/uL
Monocytes, Abs			0.5	<1.0	x10^3/uL
Eosinophils,			0.3	< 0.7	x10^3/uL
Absolute					
Basophils, Abs.			0.1	< 0.3	x10^3/uL
Platelets			175	150-450	x10^3/uL
RDW-CV			14.1	11.0-16.0	%
MPV			11.5	8.0-13.0	fL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. \_\_\_\_\_DATE

These data will be monitored for further evaluation, see patient chart. M.D.

DATE

\*\*COMPLETE REPORT\*\*

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Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim

Karron, Marion N: 118244899



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> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

Page 1 of 2ccount 2598777-125509

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R82052496	1090021501	12/09/2008 08:10 AM	12/09/08	12/09/2008	М	78
		PATIENT RESULTS				

Complete Results

RESULTS
Originally Reported on 12/09/2008 12:59 PM
Within Range Reference Range Units Test Out of Range Chemistry Iron 40 50-175 ug/dL Iron Binding 349 250-450 ug/dL Capacity Iron Saturation L 11 20 - 55(%) L Ferritin 44 22-322 ng/mL Transferrin 275.7 215.0-380.0 mg/dL Hematology White Blood Count 6.6 4.0-11.0 x10^3/uL Red Blood Count L 3.34 4.20-6.00 x10^6/uL pglobin 10.4 L 12.5-16.1 g/dL h. atocrit L 32.4 38.0-52.0 MCV 97 78-102 fL MCH 31.1 27.0-31.0 pg MCHC 32.0 31.0-37.0 00 Neutrophils% 69.9 00 40.0-70.0 Lymphocytes% L 18.9 00 20.0-40.0 Monocytes% 7.0 2.0-10.0 Eosinophils% 4.0 1.0 - 4.0Basophils% 0.1 0.0 - 1.0% Neutrophils, Abs x10^3/uL x10^3/uL 4.6 1.6-7.8 Lymphocytes, Abs 1.3 1.0 - 4.5Monocytes, Abs 0.5 <1.0 x10^3/uL Eosinophils, 0.3 < 0.7 x10^3/uL Ahaolute bphils, Abs. x10^3/uL 0.0 < 0.3 Platelets 223 x10^3/uL 150-450 RDW-CV 14.1 11.0-16.0 MPV 10.9 8.0-13.0 fL Reticulocytes 0.5 - 2.51.0

\*\*COMPLETE REPORT\*\*

Represented By Autolims on 12/09/2008 at 01:54 PM

Autolims Clinical Ilaboratory Information System Ver. 2.42.00 by Netlim 2598777-12550989

SILVERLAKE-KARRON-000492

Karron, Marion
Code: 746963
bm:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. B.

Page 1 of 1Account 260268568-126971

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #	Lab#	Da	te Collected	Date Received	Date Reported	Sex Age
	R8205250M	1230031901	12/23/2	008 08:55 AM	12/23/08	12/23/2008	F
	Test	Complete R	PATIENT esults Range	RESULTS Originall Withir	y Reported Range	on 12/23/200 Reference Range	8 12:58 PM Units
	)						
]	Endocrinology Thyroxine (T4) T3-Uptake	н 38.	1	8.6		5-10.9 .5-37.0	ug/dL
	TSH 3rd Genera T3, Total T4, Free	ation		1.47 77 1.5	60- 0.8	35-5.50 -181 3-1.8 :: Reference range upd	uIU/mL ng/dL ng/dL ate as 10/07/08
1	These data are acceptal I.D. These data will be more				her follow up nec DATE		
_	These data will be mor	mored for further eva	manon, s	ce patient chart			

12/24h

DATE

ron, Marion
Code: 746963
Room:130A

Siel

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 2<sub>Account</sub>2663169-128242

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #	Lab#	Dat	e Collected	Date Received	Date Re	ported	Sex	Age
	R83788433F 1	060059	9502 01/06/20	09 08:15 AM	01/06/20	09 01/12	2/2009	F	
MEST -3			PATIENT	RESULTS					
	Test		Out of Range	Within	Range	Reference	Range	Units	
	,'								
F	Hematology								
	White Blood Count	H	12.6			0-11.0		$x10^3/u$	
	Red Blood Count			3.92		80-5.40		x10^6/u	L
	Hemoglobin			12.5		1-14.7		g/dL %	
	Hematocrit			40.0		.0-45.0			7.1
	MCV			102		-102		fL	
	MCH	H	32.0			.0-31.0		ba	
	MCHC			31.3		0-37.0		00	
	Neutrophils%	H	80.8			.0-70.0		0	
	Lymphocytes%	L	12.6			0.0-40.0		97 P1 do do do do do do	
	Monocytes% E inophils%	L	0.7	5.5		0-10.0		0.	
	B. Sphils%	П	0.7	0.3		0-4.0		00	
	Neutrophils, Abs	н	10.2	0.3		6-7.8		° x10^3/u	г
	Lymphocytes, Abs	**	10.2	1.6		0-4.5		$x10^{3}/u$	
	Monocytes, Abs			0.7		0		$x10^{3}/u$	
	Eosinophils,			0.1		.7		$x10^{3}/u$	
	Absolute			0.1		. ,		1110 5/ as	
	Basophils, Abs.			0.0	< 0	.3		x10^3/u	
	Platelets			340		0-450		x10^3/ul	
	RDW-CV			12.6		.0-16.0		%	
	MPV			10.6		0-13.0		fL	

ron, Marion Code: 746963 Room: 130A

Page 2 of 2

A 266 63 H 6 Pm 12 3 8 2 4 2 0 3

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

DR. SCEUSA CARL

Patricia R. Romano M. D.

Specimen #	Lab #	Date Co	ollected	Date Received	Date Reported	Sex	Age
R83788433F	1060059502	01/06/2009	08:15 AM	01/06/2009	01/12/2009	F	
		PATIENT	RESULTS				
Test	Out of	Range	Within	Range	Reference Range	Units	
)							
Blood Culture							
Anaerobic bott	le test - No	growth a	after 5	days			
Aerobic bottle	test - No g	rowth aft	ter 5 da	ys			

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

These data will be monitored for further evaluation, see patient chart.

Μ.

DATE

rren, Marian SML Code: 751763 Room:148A

2 of 2

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Acc2655455455atil;2833335

DR. SCEUSA CARL

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romens M. D.

Specimen # R83788976

Lab# 1060133801 Date Collected

01/06/2009

Date Received Date Reported 01/06/2009 01/08/2009

Age

PATIENT

RESULTS

Within Range

Reference Range

Units

Urine Culture

Test

Culture Results \* \*

NOGROWTH

Out of Range

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

TI. data will be monitored for further evaluation, see patient chart.

DATE

M.D.

\*\*COMPLETE REPORT\*\*

enerated By Autolims on 01/08/2009 at 02:59 PM

Rep:

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2655155-12833335

Karren, Marian

GML Code: 751763

Om:148A



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> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2ccount 11173 2601 12827462

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Test		Out of Range		Within	Range 1	Reference Range		
		PA	TIENT	RESULTS				
R83788976		1060133801	01/	06/2009	01/06/2009	01/07/2009	F	
Specimen #	33	Lab #	Date (	Collected	Date Received	Date Reported	Sex	Age

Test	Out of Range	Within Range	Reference Range	Units
U. alysis				
Color, Urine		Yellow	Yellow-Straw	
Appearance, Urin	ne .	Clear	Clear	
pH, Urine		6.5	5.0-8.0	
Specific Gravity	r			D T
Bilirubin, Urine		1.019	1.005-1.030	R.I.
		NEGATIVE	NEGATIVE	
Blood, Urine		NEGATIVE	NEGATIVE	
Leuk. Esterase,	U	NEGATIVE	NEGATIVE	
Nitrites, Urine		NEGATIVE	NEGATIVE	
Glucose, Urine		NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine		NEGATIVE	NEGATIVE	mg/dL
Protein, Urine		NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U		0.2	0.0-1.0	mg/dL
U & Microscopic				3.
L.C. Urine		0 - 5	<5	/HPF
WBC, Urine		None seen	<5	/HPF
Bacteria, Urine		None seen	None seen	/HPF
Epithelial Cells	\$	None seen	None seen	/HPF
Crystals		None seen	None seen	/HPF
Yeast		None seen	None seen	/HPF

Mala

rren, Marian SML Code: 751763 Room:148A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2ccount 2655455-128333

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83788976	1060133801	01/06/2009	01/06/2009	01/08/2009	F	
		**				

PATIENT RESULTS Reference Range Units Test Out of Range Within Range Urinalysis Color, Urine Yellow Yellow-Straw Appearance, Urine Clear Clear pH, Urine 6.5 5.0-8.0 Specific Gravity 1.019 1.005-1.030 R.I. Bilirubin, Urine NEGATIVE NEGATIVE Blood, Urine Leuk. Esterase, U NEGATIVE NEGATIVE NEGATIVE NEGATIVE Nitrites, Urine NEGATIVE NEGATIVE Glucose, Urine mg/dL NEGATIVE NEGATIVE Krones, Urine mg/dL NEGATIVE NEGATIVE tein, Urine mg/dL NEGATIVE NEGATIVE Urobilinogen, U 0.2 0.0 - 1.0mg/dL Urine Microscopic RBC, Urine WBC, Urine 0 - 5< 5 /HPF /HPF None seen < 5 Bacteria, Urine /HPF None seen None seen Epithelial Cells None seen /HPF None seen Crystals None seen None seen /HPF

None seen

\*\*COMPLETE REPORT\*\*

A lyp

None seen

/HPF

Yeast

rron, Marion L Code: 746963

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2 ccount 2664978-128921

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8376434	1120211201	01/12/2009 04:25 PM		01/13/2009	F	
10370131	1120211201			01/13/2007		
		PATIENT RESULTS	S			
Test	Out of	Range With	nin Range I	Reference Range	Units	
Chemistry						
Glucose	н (17:		65-9	19	mg/dL	
	he diagnosis of d <del>ia</del> t	etes:				
(Fasting Glue						
	: Normal fasting g					
	dL: Impaired fastin					
	: Indicative of diab					
	s Care 29:S43-S48,		0.00		/ 3 ==	
Urea Nitrogen Creatinine	H 68	0.6	9-23		mg/dL	
BUN/Creat Ratio	н (11:	0.6	0.6-		mg/dL	
S lium	H 14	3	132-	30.0	mEq/L	
		ue to a variety of preanaly	tical factors Diagnos	140	шьчл	
e in light of o	clinical observations	s, other tests and patient his	story			
Potassium		5.1	3.5-	5.5	mEq/L	
Chloride		109	99-1		mEq/L	
Carbon Dioxide	Н 35	(	20-3		mEq/L	
Calcium		9.6	8.5-	10.4	mg/dL	
Protein, Total		6.6	6.0-	8.3	g/dL	
Albumin		3.6	3.2-		g/dL	
Globulin		3.0	1.9-		g/dL	
A/G Ratio	** 40	1.2	1.0-		Ratio	
Alkaline	H 139	-	45-1	29	IU/L	
Phosphatase AST (SGOT)	H	2.4	7.2 4	0	/-	
ALT (SGPT)	н (50	34	13-4		IU/L	
F irubin, Total			10-4		IU/L	
H Atology	L D 0.2	4	0.3-	1.2	mg/dL	
White Blood Cour	nt H 12	8	4.0-	11 0	x10^3/u	Т
Red Blood Count	L 3.3				x10 <sup>6</sup> /u	
Hemoglobin	L 10.					11
Hematocrit	L 33.			-45.0	g/dL	
Platelets		222	150-		x10^3/u	L

\*\*INCOMPLETE REPORT\*\*

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Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2664978-12892154

Karron, Marion SML Code: 746963 Room: 130A

Page 1 of 2 Accord 617/17/17/18/31/19/12/956089

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Medical Director

Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

	Specimen #	Lab#	b# Date Collected	Date Received	Date Reported	Sex	Age	
	R8376434	112021120	1 01/12/200	9 04:25 PM	01/12/200	01/18/2009	F 78	3
			PATIENT	RESULTS				
g to great	Test	Out o	f Range	Within	Range	Reference Range	Units	
	Chemistry Glucose Criteria for	H 1'	73 abetes:		65	-99	mg/dL	
	(Fasting Glu <100 mg/d 100-125 mg >125 mg/d		glucose ing glucose abetes					
	Urea Nitrogen Creatinine BUN/Creat Ratio	Н 6	•	0.6		23 5-1.1 0-30.0	mg/dL mg/dL	
	Sodium		49	v of preanalytic	132	2-146	mEq/L	
	e in light of	clinical observatio	ns, other tests a	and patient histo	ry			
	Potassium Chloride Carbon Dioxide	н 3!		5.1 109	3.5	5-5.5 109 31	mEq/L mEq/L mEq/L	
	Calcium Protein, Total Albumin			9.6 6.6 3.6	6.0	5-10.4 0-8.3 2-4.8	mg/dL g/dL g/dL	
	Globulin A/G Ratio		. 1	3.0	1.9	9-4.0 9-2.5	g/dL Ratio	
	Alkaline Phosphatase AST (SGOT)	H 13	39	34	13-	129	IU/L	
	ALT (SGPT) Bilirubin, Tota Hematology	H 50	. 2	34	10-		IU/L mg/dL	
	White Blood Cou Red Blood Count Hemoglobin Hematocrit Platelets	L 3.	2.8 .33 ).6 3.6	222	3.8 11. 34.	0-11.0 0-5.40 1-14.7 0-45.0	x10^3/uL x10^6/uL g/dL % x10^3/uL	1
							,	

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Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2677733-12956089

rron, Marion L Code: 746963 Room:130A



Page 2

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

2 **26:7:77B:B:r:11:2:9:**56089

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8376434	1120211201	01/12/2009 04:25 PM	01/12/2009	01/18/2009	F	78
		PATIENT RESULTS				
Test	Out of I	Range Within	Range	Reference Range	Units	
1						
lood Culture						
naerobic bott	le test - No	growth after 5	days			
erobic bottle	test - No c	growth after 5 da	ıvs			

Accessioning:Non Fasting	**Requisition Comm	ents**	
	patient's clinical condition. No fur	ther follow up	nacassary at this time
M D	patient's crimear condition. No ful	DATE	necessary at this time.
11.12.	further evaluation, see patient cha		
		DATE	
		DAIL	

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\*\*COMPLETE REPORT\*\*

Rer

rron, Marion L.L Code: 746963 Room: 130A



Page 1 of 2 Accorde 1/12/21.5 in 12917002

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR.MCCARTHY

Medical Director Patricia R. Romano, M.D.

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patrice R. Romeno M. D.

	Specimen #		Lab#		Date (	'ollected	Date Rece	ived	Date Reported	Sex	Age
	R83786450	1:	13013	9301	01/	13/2009	01/13/	2009	01/15/2009	F	78
					PATIENT	RESULTS					
	Test			Out of R	ange	Within	Range	I	Reference Range	Units	
,	Urinalysis										
	Color, Urine	,				Yellow			ow-Straw		
	Appearance, Ur	ine				Clear		Clea			
	pH, Urine Specific Gravi	tr				6.0 1.026		5.0-	05-1.030	R.I.	
	Bilirubin, Uri					NEGATIV	/E		ATIVE	R.I.	
	Blood, Urine	110				NEGATIV			TIVE		
	Leuk. Esterase	, U				NEGATIV			TIVE		
	Nitrites, Urin	e				NEGATIV		NEGA	TIVE		
	Glucose, Urine					NEGATIV	Έ	NEGA	TIVE	mg/dL	
	Ketones, Urine					NEGATIV	Έ	NEGA	TIVE	mg/dL	
	P tein, Urine		H	30					TIVE	mg/dL	
1	U. bilinogen,	U				0.2		0.0-	1.0	mg/dL	
	Urine Microscopic					0 5		_		/***	
	RBC, Urine WBC, Urine					0-5		< 5		/HPF	
	Bacteria, Urin	0				None se		<5 None	goon	/HPF /HPF	
	Epithelial Cel					None se			seen seen	/HPF	
	Crystals					None se			seen	/HPF	
	37								20011	/	

\*\*COMPLETE REPORT\*\*

None seen

None seen

/HPF

Yeast

rron, Marion L.L Code: 746963 Room: 130A



2672215 r.12917002

63 Flushing Avenue, Brooklyn, New York 11205

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR.MCCARTHY

Medical Director Patricia R. Romano, M.D.

718-552-1000 Fax 718-552-1022

Patrice R. Romers M. D.

Specimen #	Lab #	Date Collected	Date Received	Date Reported		Age
R83786450	1130139301	01/13/2009	01/13/2009	01/15/2009	F	78
	PAT	TENT RESULTS				
Test	Out of Rang	e Within	Range	Reference Range	Units	
. /						
Urine Culture -	Regular Urine					
No Growth						

These data are acceptable for the patient's clinical cond	dition. No further follow up necessary at this time.
M.D.	DATE
These data will be monitored for further evaluation, see	e patient chart.
M .	DATE
	The second secon

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rron, Marion
. N: 118244899
Room: 130A



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Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

DR. MCCARTHY

Specimen #		Lab#	D	ate Collected	Date Re	ceived	Date Reported	Sex	Ag
R8378578N	11	9003540	1 01/19/2	009 08:20 AM	01/19	/2009	01/19/2009	M	78
, ,			PATIEN'	r results					
Test		Out	of Range	Withir	Range	_	Reference Range	Units	
)	***	This R	eport Co	ntains Cri	tical	Values	****		
hemistry									
Glucose (grey)			56			65-9	9	mg/dL	
Fasting?		No							
		agnosis of d	iabetes:						
(Fasting C			1						
		ormal fasting	ting glucose						
		dicative of d							
		e 29:S43-S4							
Jrea Nitrogen			1			9-23	}	mg/dL	,
Confirmed								3,	
Creatinine		L 0	.5			0.7-	1.3	mg/dL	
GFR (calculat				>60		>60			
For Africa	an-Ame		ply EGFR res	sult x 1.2					
BUN/Creat Rati	LO	H 1	41.2				30.0	- /-	
Sodium				146		132-		mEq/L	
Potassium Chloride				5.0		3.5-		mEq/L	
Carbon Dioxide		VH 3	8	103		99-1 20-3		mEq/L mEq/L	
Confirmed		VII 3	O			20-3	т.	meq/ L	
Calcium				10.0		8.5-	10.4	mq/dL	
		*	*Requisi	tion Comme	nts**				
ccessioning:Non Fast	ing		1						
hese data are acceptal		the patient	s clinical co	ndition. No furth	ner follow	up neces	sary at this time.		
. D .		-			DATE		-		
hese data will be mor	nitored	for further	evaluation,	see patient chart					
.D.					DATE				

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rron, Marion Code: 746963 Room:130A Shiel

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1 of 1 Acco**26** 7/40 7/20 ioil 2945109

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romeno M. D.

-	Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
	R8378606A	1160033701	01/16/2009 08:10 AM				78
		Complete Re	splis Original	y Reported o	n 01/16/2009	9 01:09	PM
	Test	Out of Ra	ange Within	Range R	Reference Range	Units	
			ort Contains Cri				
		IIIIB Kepe	TE CONCALIE CE	.cicai vaiues			
	Chemistry						
	Glucose (grey)			65-9	9	mg/dL	
	Fasting?	Not Provi	.ded	W 04 M P 1 9-23 0.6-			
		r the diagnosis of diabet	es:	e all	Ĉ.		
	(Fasting G			100 200	Dans		
		dL: Normal fasting gluc	ose //	. Por xx	July 8		
		g/dL: Impaired fasting a	glucose	if you	1.0109		
	>125 mg/	dL: Indicative of diabete	es III	of my	1/1/7/		
	Kei: Diabe	etes Care 29:S43-S48, 20	100 L C AY	M a aa	•		
	Urea Nitrogen Confirmed	VH 71		11 9-23		mg/dL	
	C atinine		0.6	0.6-	1 1	mg/dL	
	e R (calculat	ion)	>60	>60	T. T	mg/an	
		n-Americans, multiply I		200			
	BUN/Creat Rati			5.0-	30 0		
	Sodium		144	132-		mEq/L	
	Potassium		5.2	3.5-		mEq/L	
	Chloride		105	99-1		mEq/L	
	Carbon Dioxide	VH 39		20-3		mEq/L	
	Confirmed					1,	
	Calcium	1 (-1 a · · · · · · · · · · · · · · · · · ·	9.9	8.5-	10.4	mg/dL	
	Protein, Total		6.0	6.0-		g/dL	
	Albumin		3.3	3.2-		g/dL	
	Globulin		2.7	1.9-		g/dL	
	A/G Ratio		1.2	1.0-		Ratio	
	Alkaline		125	45-1	29	IU/L	
	Phosphatase AST (SGOT)		2.1	12 4	0	TTT / T	
	ALT (SGPT)		31	13-4		IU/L	
	Bilirubin, Tota	al L 0.2	46	10-4		IU/L	
		v.i. ii 0.2		0.3-	1.2	mg/dL	
	These data are acceptab	le for the patient's cli	nical condition. No furth	ner follow un necess	eary at this time		
1	.D.	to the patient 5 cm	mour condition. 140 full	DATE	at this time.		
		itored for further eval	uation, see patient chart				
	.D.		Patroni vitari	DATE			
Iv]	. u .		COMPLETE REPORT				

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Page 2 of 2

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Karron, Marion SML Code: 746963

Room: 130A

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romeno, M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R8317075P	1210022001	01/21/2009 08:08 AM	01/21/2009	01/21/2009	F	78
		PATIENT RESULTS				
Test	Out of 1	Range Within	n Range I	Reference Range	Units	S
	**** This Rep	ort Contains Cri	tical Values.	***		
Absolute						
Ba phils, Aba	S.	0.0	<0.3		x10^3/	
Placelets		232	150-		$x10^3/$	'uL
RDW-CV		14.0	11.0	-16.0	용	
MPV		10.6	8.0-	13.0	fL	
	**R	equisition Comme	ents**			
Accessioning:REQ						
	able for the patient's c	linical condition. No furt	her follow up necess	sary at this time.		
M.D			DATE			
	nitored for further eva	luation, see patient chart				
M.D.			DATE			

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> Silverlake NH - Stats 275 Castleton Avenue Staten Island, NY 10301

Karron, Marion SML Code: 746963

Room:130A

piel Pa

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2 Accord684684646161298937

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#		Date Collected	Date Received	Date Reported	Sex	/
R8317075P	1210022	001 0	/21/2009 08:08 AM	01/21/2009	01/21/2009	F	78
3.0		PA	TIENT RESULTS				
Test	(	Out of Ran	ge Within	Range	Reference Range	Units	S
*	*** This	Repor	t Contains Cri	tical Values	***		
Chemistry							
G' ose (grey)	H	172		65-9	9	mg/dL	
Fascing?	Yes					J.	
	he diagnosis o	f diabetes:	*				
(Fasting Glu	cose)						
	L: Normal fast						
	dL: Impaired		cose				
	L: Indicative o						
	s Care 29:S43						
Urea Nitrogen	H	69		9-23		mg/dL	
Creatinine	L	0.5		0.6-	1.1	mg/dL	
eGFR (calculati		L' L EG	>60	>60			
For African-	Americans, m		FR result x 1.2	F 0	20.0		
BUN/Creat Ratio	H	143.4	145	5.0-		D / T	
Sortium Po ssium			145	132-		mEq/L	
Pc ssium Chioride			5.0	3.5-		mEq/L	
Carbon Dioxide	VH	38	102	99-1		mEq/L	
Calcium	VII	30	10.2	20-3 8.5-		mEq/L	
Hematology			10.2	0.5-	10.4	mg/dL	
White Blood Cou	nt		7.5	4.0-	11 0	x10^3/	/11T
Red Blood Count	L	3.18	7.5		-5.40	$x10^{6}$	
Hemoglobin	L	10.0			-14.7	g/dL	ип
Hematocrit	L	32.5			-45.0	%	
MCV	H	102		78-1		fL	
MCH	H	31.4			-31.0		
MCHC	L	30.7			-37.0	200	
Neutrophils%	H	74.2			-70.0	D 010 010 010 010	
Ly hocytes%	L	18.2			-40.0	00	
Moocytes%			5.2	2.0-		00	
Eosinophils%			1.9	1.0-		00	
Basophils%			0.5	0.0-		00	
Neutrophils, Ab	S		5.6	1.6-		x10^3/	uL
Lymphocytes, Ab	S	)	1.4	1.0-	4.5	x10^3/	uL
Monocytes, Abs			0.4	<1.0		x10^3/	
Eosinophils,			0.1	< 0.7		x10^3/	uL

Report Generated By Autolims on 01/21/2009 at 03:03 PM

Autolims Clinical La

arron, Marion ML Code: 766233

Room: 240A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 1 Accornante 1655 1616 1310432

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#		Date Collected	Date Received	Date Reported	Sex
R8445232J	1310013	901 0	1/24/2009 09:10 AM	01/31/2009	01/31/2009	U
		P	ATIENT RESULTS			
Test	(	Out of Ra	nge Within	n Range	Reference Range	Units
*	*** This	Repor	t Contains Cri	tical Values	***	
hemistry						
Glucose (grey) Fasting?	H Yes	181		65-9	9	mg/dL
	the diagnosis o	of diabetes	: /	0		
(Fasting Glu	icose) L: Normal fast	ting gluco	so.	2 x Sign		
	/dL: Impaired		ucose	2 1181		
	L: Indicative o		1 D 5	X		
	es Care 29:S43		6			
Jrea Nitrogen	VH	101		9-23		mg/dL
Creatinine			0.7	0.6-	1.3	mg/dL
PIJN/Creat Ratio		143.5		5.0-		
dium	H	154		132-	146	mEq/L
			o a variety of preanalytica	al factors. Diagnos-		
- i- 1:-b+ - f						
			her tests and patient histo			
Sodium leve	els may be eleva	ated due t	o a variety of preanalytica	al factors. Diagnos-		
Sodium leve e in light of	els may be eleva	ated due t	o a variety of preanalytica her tests and patient histo	al factors. Diagnos- ry		/T
Sodium leve e in light of Potassium	els may be eleve clinical observ	ated due t	o a variety of preanalytica	al factors. Diagnos- ry 3.5-		mEq/L
Sodium leve e in light of Potassium Chloride	els may be eleve clinical observ H	ated due to vations, ot	o a variety of preanalytica her tests and patient histo	al factors. Diagnos- ry 3.5- 99-1	09	mEq/L
Sodium leve e in light of Potassium Chloride Carbon Dioxide	els may be eleve clinical observ	ated due t	o a variety of preanalytica her tests and patient histo 5.0	al factors. Diagnos- ry 3.5- 99-1 20-3	09	mEq/L mEq/L
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium	els may be eleve clinical observ H	ated due to vations, ot	o a variety of preanalytica her tests and patient histo 5.0	al factors. Diagnos- ry 3 . 5 - 99 - 1 20 - 3 8 . 5 -	09 1 10.4	mEq/L mEq/L mg/dL
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total	els may be eleve clinical observ H	ated due to vations, ot	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8	al factors. Diagnos- ry 3.5- 99-1 20-3 8.5- 6.0-	09 1 10.4 8.3	mEq/L mEq/L mg/dL g/dL
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin	els may be eleve clinical observ H	ated due to vations, ot	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6	al factors. Diagnos- ry 3 . 5 - 99 - 1 20 - 3 8 . 5 - 6 . 0 - 3 . 2 -	09 1 10.4 8.3 4.8	mEq/L mEq/L mg/dL g/dL g/dL
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin	els may be eleve clinical observ H	ated due to vations, ot	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3	al factors. Diagnos- ry 3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9-	09 1 10.4 8.3 4.8 4.0	mEq/L mEq/L mg/dL g/dL g/dL g/dL
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio	els may be elev clinical observ H VH	ated due t vations, ot 112 38	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6	al factors. Diagnos- ry 3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9- 1.0-	09 1 10.4 8.3 4.8 4.0 2.5	mEq/L mEq/L mg/dL g/dL g/dL g/dL Ratio
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio )kaline	els may be elev clinical observ H VH	ated due to vations, ot	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3	al factors. Diagnos- ry 3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9-	09 1 10.4 8.3 4.8 4.0 2.5	mEq/L mEq/L mg/dL g/dL g/dL g/dL
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio )kaline	els may be elev clinical observ H VH	ated due t vations, ot 112 38	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3 1.1	al factors. Diagnos- ry  3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9- 1.0- 45-1	09 1 10.4 8.3 4.8 4.0 2.5	mEq/L mEq/L mg/dL g/dL g/dL g/dL Ratio IU/L
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio jkaline Finosphatase AST (SGOT)	els may be eleviclinical observ  H  VH  H  H	ated due to vations, of 112 38	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3	al factors. Diagnos- ry  3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9- 1.0- 45-1	09 1 10.4 8.3 4.8 4.0 2.5 29	mEq/L mEq/L mg/dL g/dL g/dL g/dL Ratio IU/L
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio )kaline	els may be eleviclinical observ  H  VH  H  H  H	ated due t vations, ot 112 38	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3 1.1	al factors. Diagnos- ry  3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9- 1.0- 45-1	09 1 10.4 8.3 4.8 4.0 2.5 29	mEq/L mEq/L mg/dL g/dL g/dL g/dL Ratio IU/L IU/L
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio  kaline Finosphatase AST (SGOT) ALT (SGPT)	els may be eleviclinical observ  H  VH  H  H  H	ated due to vations, of 112 38 165 56 0.2	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3 1.1	3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9- 1.0- 45-1 13-4 10-4 0.3-	09 1 10.4 8.3 4.8 4.0 2.5 29	mEq/L mEq/L mg/dL g/dL g/dL g/dL Ratio IU/L
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio )kaline Filosphatase AST (SGOT) ALT (SGPT) Bilirubin, Total	els may be eleviclinical observing H VH  H H H  L L	ated due to vations, of 112 38 165 56 0.2 **Rec	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3 1.1  32	3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9- 1.0- 45-1 13-4 10-4 0.3-	09 1 10.4 8.3 4.8 4.0 2.5 29	mEq/L mEq/L mg/dL g/dL g/dL g/dL Ratio IU/L IU/L
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio )kaline Filosphatase AST (SGOT) ALT (SGPT) Bilirubin, Tota	els may be eleviclinical observing H VH  H H H  L L	ated due to vations, of 112 38 165 56 0.2 **Rec	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3 1.1  32	3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9- 1.0- 45-1 13-4 10-4 0.3-	09 1 10.4 8.3 4.8 4.0 2.5 29	mEq/L mEq/L mg/dL g/dL g/dL g/dL Ratio IU/L IU/L
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio ()kaline Flosphatase AST (SGOT) ALT (SGPT) Bilirubin, Total Coessioning:Non Fasting hese data are acceptable. D.	els may be eleviclinical observing the VH  H H H L  ge for the patie	ated due to vations, of 112 38 165 56 0.2 **Recent's clin	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3 1.1  32  Tuisition Comme	1 factors. Diagnos- ry  3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9- 1.0- 45-1  13-4 10-4 0.3- nts**  ner follow up necess DATE	09 1 10.4 8.3 4.8 4.0 2.5 29 0 9 1.2	mEq/L mEq/L mg/dL g/dL g/dL g/dL Ratio IU/L IU/L
Sodium leve e in light of Potassium Chloride Carbon Dioxide Calcium Protein, Total Albumin Globulin A/G Ratio jkaline Flosphatase AST (SGOT) ALT (SGPT) Bilirubin, Total Ccessioning:Non Fasting hese data are acceptable	els may be eleviclinical observing the VH  H H H L  ge for the patie	ated due to vations, of 112 38 165 56 0.2 **Recent's clin	o a variety of preanalytics her tests and patient histo 5.0  9.4 6.8 3.6 3.3 1.1  32  Tuisition Comme	1 factors. Diagnos- ry  3.5- 99-1 20-3 8.5- 6.0- 3.2- 1.9- 1.0- 45-1  13-4 10-4 0.3- nts**  ner follow up necess DATE	09 1 10.4 8.3 4.8 4.0 2.5 29	mEq/L mEq/L mg/dL g/dL g/dL g/dL Ratio IU/L IU/L

k ron, Marion Sk. Code: 746963

Room: 130A

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Page 2 of 2

2702223 Resolution 2 8 2 3

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patrice R. Romeno, M. D.

DR. SCEUSA CARL

	Specimen #	Lab#	Date Co	llected	Date Received	Date Reported	Sex	Age
	R7544409B	1260198101	01/25/2009		01/26/2009	01/29/2009	F 78	
Control of			PATIENT RESULTS					
	Test	Out of R	ange	Withi	n Range	Reference Range	Units	
T	icarcillin/					S	<=16	
	eropenem (C					S	<=4	
	miracin					S	<=16	
	ei etan					S	<=16	
	iperacillin					S	<=16	

Legend:

SIR = Susceptible Intermediate Resistant

The lata are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. DATE

These data will be monitored for further evaluation, see patient chart.

M.D. DA

\*\*COMPLETE REPORT\*\*

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code: 746963

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Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. B. 1 of 2 Account 2223

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age	
R7544409B	1260198101	01/25/2009	01/26/2009	01/29/2009	F 78	
		PATIENT RESULTS		1		
Test	Out of R	ange Withi	n Range	Reference Range	Units	
Wound Culture	Married Control of the Control of th					
Moth	*	* * Culture Res		Morganel	la morganii	
Mech	iciliin kesis	tant Staphyloco Moderate	occi aureus		Many	
Tetracycline		<=4		S	<=4	
Penicillin	R			_	- /	
Trimeth/Sulf	R	>2/38		R	>2/38	
Erythromycin Amr Villin	S	<=0.5		R	>16	
Clindamycin	R	<=0.5		10	710	
Rif mpin/Rif	(3)	<=1				
ox: Ox:		>2		_		
Cefazolin		<=8		R R	>16 >16/8	
Amoxicillin/ Ciprofloxaci		<=4/2 >2		R	>2	
Ofloxacin		>4		10	72	
Ampicillin/s		<=8/4		R	>16/8	
Levofloxacin		>4		R	>4	
Jancomycin		<=2		т.	1.0	
Ce pime		16 <=4		I S	16 <=4	
Im. énem Ceftriaxone		<=4 <=8		R	>32	
Cephalothin		<=8		R	>16	
Azithromicin	G	<=2				
Chlorampheni	S	<=8				
Cefotaxime	R	<=8		R	>32	
Gatifloxacin		4				
Linezolid Moxifloxacin		<=2 <=2		R	>4	
Syr cid		<=1				
Tob_amycin	O			S	<=4	
Ceftazidime				I	16	
Cefuroxime				R	>16	
Cefoxitin				R R	>16 >16	
Aztreonam				D	b 1 /-	

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ron, Marion 55N: 118244899 Room: 130A



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SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patrice R. Romens, M. D.

DR. MCCARTHY

Specimen #	Lab#	Date	Collected	Date Rec	eived	Date Reported	Sex	Age
R8317138S	1270054901		9 08:35 AM		/2009	01/27/2009		78 PM
Test		Range	***************************************	Range		eference Range	Units	
**	** This Re	port Con	tains Cri	tical V	alues	***		
Chemistry								
 Glucose (grey) Fasting?	H 17				65-99		mg/dL	
	e diagnosis of dia	petes:						
(Fasting Gluce	ose) : Normal fasting g	lucosa						
	L: Impaired fasting							
	Indicative of dia							
	Care 29:S43-Ş48							
U. a Nitrogen	VH /12	6			9-23		mg/dL	
 Creatinine	L (0.	Б			0.7-1	. 3	mg/dL	
(calculatio			>60		>60			
BUN/Creat Ratio	mericans, multipl		x 1.2		F 0 2	0 0		
 Sodium	H (20 H 14	9.9			5.0-3 132-1		mEcr/T	
Potassium	н 5.				3.5-5		mEq/L mEq/L	
Chloride	11 (3.		106		99-10		mEq/L	
Carbon Dioxide	VH 38				20-31		mEq/L	
Calcium			9.6		8.5-1		mg/dL	
Protein, Total			6.0		6.0-8	. 3	g/dL	
Albumin			3.2		3.2-4		g/dL	
C'abulin			2.8		1.9-4		g/dL	
Albaline	11 17	7 -	1.1		1.0-2		Ratio	
P phatase	Н 17 Н	1			45-12	9	IU/L	
AST (SGOT)	н (53	)			13-40		IU/L	
ALT (SGPT)	н (99				10-49		IU/L	
Bilirubin, Total					0.3-1		mg/dL	
Hematology							3,	
White Blood Coun			9.6		4.0-1		x10^3/u	
Red Blood Count	VL 2.				4.20-		x10^6/u	L
Hemoglobin Hematocrit	L /9. L /29				12.5-		g/dL	
Platelets	L (29	. 3.)	240		38.0-		% x10^3/u	т
LIGCTOCE			240		150-4	30	YT0 3/0	ш
)								

\*\*COMPLETE REPORT\*\*

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Patient Information Ka mon, Marion DVB SSN 118244899 Room: 1307

Brooklyn Navy Yard, Building 292

Page 1 of 2

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63 Flushing Avenue, Brooklyn, New York 11205

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director

718-552-1000 Fax 718-552-1022

Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

Specimen #	Lab#	Pate Collected	Date Received	Date Reported	Sex
R8445187X	130005520	1 /01/30/2009 08:10 AM	01/30/2009	01/30/2009	M 78
		PATIENT RESULTS			
Test	Out			Dafaranaa Banga	Unito
10St		of Range With eport Contains Cr.		Reference Range	Units
	"" IIIIS K	eport contains cr	ittear values		
Chemistry					
Glucose (grey)	H 2	05	65-9	9	mg/dL
Fasting?	No				
	diagnosis of di	iabetes:	Lesh +300 9-23		1) -
(Fasting Gluco	se)			acz de	_ //2/
<100 mg/dL:	Normal fasting	glucose //27) labetes	0-1	(COYA X)	Jr.
100-125 mg/dI	L: Impaired fast	ing glucose 121	11 11 +300	·	
Pef: Dishetes (	Care 29:S43-S4	8 2006	- level		
Urea Nitrogen	VH 9	6 126	9-23		mg/dL
Confirmed	VII 3		5-25		mg/ di
Creatinine	L O	.6	0.7-	1.3	mg/dL
ec (calculation	n)	>60	>60		J.
	mericans, multi	ply EGFR result x 1.2			
BUN/Creat Ratio		59.8	5.0-3	30.0	
Sodium		51	132-	146	mEq/L
		due to a variety of preanalyti			
		ons, other tests and patient hist			T / T
Potassium Chloride		. 8	3.5-		mEq/L
Carbon Dioxide	H 1 VH 3	11	99-10 20-31		mEq/L
Confirmed	VII 3	8	20-3.	L	mEq/L
Calcium		9.3	8.5-3	10 4	mg/dL
Protein, Total		6.1	6.0-8		g/dL
Albumin		3.2	3.2-4		g/dL
Globulin		3.0	1.9-4		g/dL
A/G Ratio		1.1	1.0-2		Ratio
Alkaline	H 1	65	45-12		IU/L
Phosphatase	H				
AST (SGOT)		32	13-40		IU/L
ALT (SGPT)	H 5		10-49		IU/L
Bilirubin, Total	L 0	. 2	0.3-1	1.2	mg/dL
pecial Chemistry	**	0	./ -		0
GlycoHgb (Alc)		.2	4.0-6		%
Estimated Average Glucose	=	131.2	^		mg/dL
GIGCOBC		**COMPLETE REPORT	r**		
		COLL LILL KELOK.			

arron, Marion ML Code: 766233

Room:240A

Page 1 of 2 Accain DIA DA Datidia 110839

> SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patrice R. Romeno, M. D.

R8378810B
Complete Results Originally Reported on 02/01/2009 11:12 PM  Test Out of Range Within Range Reference Range Units  **** This Report Contains Critical Values ****  Chemistry  Glucose (grey) H 197 65-99 mg/dL  Fasting? No  Criteria for the diagnosis of diabetes: (Fasting Glucose) <100 mg/dL: Normal fasting glucose 100-125 mg/dL: Impaired fasting glucose >125 mg/dL: Impaired fasting glucose >125 mg/dL: Indicative of diabetes Ref: Diabetes Care 29:S43-S48, 2006  Urea Nitrogen VH 105 9-23 mg/dL  Creatinine 9-23 mg/dL  FR (calculation) 9-23 mg/dL  Sodium H 153 132-146 mEq/L  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium 4.6 3.5-5.5 mEg/L
Test Out of Range Within Range Reference Range Units  **** This Report Contains Critical Values ****  Chemistry Glucose (grey) H 197 65-99 mg/dL Fasting? No Criteria for the diagnosis of diabetes: (Fasting Glucose) <pre></pre>
**** This Report Contains Critical Values ****  Chemistry Glucose (grey) H 197 65-99 mg/dL Fasting? No Criteria for the diagnosis of diabetes: (Fasting Glucose) <pre></pre>
Chemistry Glucose (grey) H 197 Fasting? No Criteria for the diagnosis of diabetes: (Fasting Glucose) <pre></pre>
Glucose (grey) H 197 Fasting? No  Criteria for the diagnosis of diabetes:  (Fasting Glucose)  <100 mg/dL: Normal fasting glucose  100-125 mg/dL: Impaired fasting glucose  >125 mg/dL: Indicative of diabetes  Ref: Diabetes Care 29:S43-S48, 2006  Urea Nitrogen VH 105  Creatinine  FR (calculation)  N/Creat Ratio H 150.6  Sodium H 153  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium  4.6  3.5-5.5  mEq/L
Fasting?  Criteria for the diagnosis of diabetes:  (Fasting Glucose)  <100 mg/dL: Normal fasting glucose  100-125 mg/dL: Impaired fasting glucose  >125 mg/dL: Impaired fasting glucose  Ref: Diabetes Care 29:S43-S48, 2006  Urea Nitrogen  VH 105  Creatinine  FR (calculation)  N/Creat Ratio  H 150.6  Sodium  H 153  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium  4.6  3.5-5.5  mEg/L
Criteria for the diagnosis of diabetes:  (Fasting Glucose)  <100 mg/dL: Normal fasting glucose  100-125 mg/dL: Impaired fasting glucose  >125 mg/dL: Indicative of diabetes  Ref: Diabetes Care 29:S43-S48, 2006  Urea Nitrogen VH 105 9-23 mg/dL  Creatinine 0.6-1.3 mg/dL  FR (calculation) >60  N/Creat Ratio H 150.6 5.0-30.0  Sodium H 153 132-146 mEq/L  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium 4.6 3.5-5.5 mEg/L
(Fasting Glucose) <pre></pre>
<pre>&lt; 100 mg/dL: Normal fasting glucose</pre>
100-125 mg/dL: Impaired fasting glucose  > 125 mg/dL: Indicative of diabetes  Ref: Diabetes Care 29:S43-S48, 2006  Urea Nitrogen VH 105 9-23 mg/dL  Creatinine 0.6-1.3 mg/dL  FR (calculation) >60  N/Creat Ratio H 150.6 5.0-30.0  Sodium H 153 132-146 mEq/L  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium 4.6 3.5-5.5 mEg/L
>125 mg/dL: Indicative of diabetes Ref: Diabetes Care 29:S43-S48, 2006  Urea Nitrogen VH 105 9-23 mg/dL Creatinine 0.6-1.3 mg/dL  FR (calculation) >60 N/Creat Ratio H 150.6 5.0-30.0  Sodium H 153 132-146 mEq/L  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium 4.6 3.5-5.5 mEg/L
Ref: Diabetes Care 29:S43-S48, 2006  Urea Nitrogen VH 105 9-23 mg/dL  Creatinine 0.6-1.3 mg/dL  FR (calculation) >60  N/Creat Ratio H 150.6 5.0-30.0  Sodium H 153 132-146 mEq/L  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium 4.6 3.5-5.5 mEq/L
Urea Nitrogen Creatinine OFR (calculation)  N/Creat Ratio H 150.6  Sodium H 153  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium  4.6  9-23  mg/dL  0.6-1.3  mg/dL  5.0-30.0  5.0-30.0  MEq/L
Creatinine  FR (calculation)  N/Creat Ratio  H 150.6  Sodium  H 153  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium  4.6  O.6-1.3  mg/dL  5.0-30.0  132-146  mEq/L
FR (calculation) >60  N/Creat Ratio H 150.6 5.0-30.0  Sodium H 153 132-146 mEq/L  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium 4.6 3.5-5.5 mEq/L
Sodium  H 153  Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium  4.6  3.5-5.5  mEq/L
Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history  Potassium  4.6  3.5-5.5  mEg/L
e in light of clinical observations, other tests and patient history  Potassium  4.6  3.5-5.5  mEg/L
Potassium $4.6$ $3.5-5.5$ mE $\alpha/L$
20 31
Calcium 8.7 8.5-10.4 mg/dL Endocrinology
TSH 3rd Generation 0.53 0.35-5.50 uIU/mL
Hematology
White Blood Count $H = 18.5$ 4.0-11.0 $\times 10^3/\text{uL}$
Red Blood Count L 3.04 3.80-6.00 x10^6/uL
Hemoglobin L $9.2$ $11.1-16.1$ $q/dL$
Hematocrit L 31.6 $34.0-52.0$ %
MCV H 104 78-102 fL
MCH 30.4 27.0-31.0 pg MCHC L 29.2
31.0 37.0
130 130 110 37 41
RDW-CV 14.0 11.0-16.0 % MPV 9.9 8.0-13.0 fL
ESR-Westergren 10 0-30 mm/hr
Manual Differential
Neutrophils%-DIF H 91 40-70 %
**COMPLETE REPORT**/

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Tarron, Marion ML Code: 766233

Room: 240A

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63 Flushing Avenue, Brooklyn, New York 11205

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

718-552-1000 Fax 718-552-1022

Patrice R. Romeno M. D.

DR. KLAHR MARTIN

Specimen #	Lab#		Date Collected		Date l	Received	Date Reported	Sex	Age
	010013 Comple		01/2009 02:00 htsporigi				02/02/2009 1 02/01/2009		PM
Test ***		Out of Rang Report	ge Contains	Within Crit			Reference Range	Units	
Neutrophils abs Lymphocytes%-DIF Lymphs abs-DIF Monocytes%-DIF Monocytes abs-DIF	H L	16.8 6	1.1 3 0.6			1.6-7 20-40 1.0-4 2-10 0.1-3	0 4.5	x10^3/u1 % x10^3/u1 % x10^3/u1	L
ccessioning:Non Fasting		_	isition Co					,	

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

These data will be monitored for further evaluation, see patient chart.

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larron, Marion SML Code: 766233

Room:240A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

Page 1 of 1 Acco27/1188-318(to) 3166387

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

	Specimen #	Lab#		Date Collected	Date Received	Date Reporte	d Sex	Age
	R84452742	10500660 Complet		/2009 08:02 AM s Original	02/05/200 y Reported			M
	Test	O	ut of Range	Within	Range	Reference Rang	e Units	
		**** This	Report (	Contains Cri	tical Value	es ****		
(	Chemistry							
	Glucose (grey)	Н	170		65-	- 99	mg/dL	
	Fasting?	Yes		. 1	1			
		or the diagnosis of	diabetes:	4.	/			
	(Fasting C			/				
		/dL: Normal fasting		. 2 6 .				
		ng/dL: Impaired fa		· CV	,			
		dL: Indicative of		/X // 5				
		etes Care 29:S43-		, , , ,	0 6		/ JT	
	Urea Nitrogen Creatinine		132 U	0.8	7 9-2	23 5-1.3	mg/dL	
	N/Creat Rati		165.0	0.8		0-30.0	mg/dL	
	Jodium		152			2-146	mEq/L	
				ariety of preanalytic			11114/11	
				ests and patient histo				
	Potassium			4.6	3.5	5-5.5	mEq/L	
	Chloride		113			109	mEq/L	
	Carbon Dioxide	H	33		20-		mEq/L	
	Calcium			9.1		5-10.4	mg/dL	
	Vaccacionia - Footi		**Requis	sition Comme	nts**			
	Accessioning:Fasting	-1 - C +1 +1		1'' N C1	C-11			
	These data are acceptal I.D.	ole for the patier	n s clinical (	condition. No furth	DATE	essary at this tim	ie.	
	These data will be mot	itared for furthe	r evaluation	see natient chart		1		
	I.D.	Lim	. cvaluation	, see patient chart.	DATE	Mod		
•	4	1600				4 t		

Jarron, Marion SML Code: 766233 Room: 240A

Page 1 of 1 Accolina 118 i 20 20 ti do 3 1 7 9 2 6 3

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patricia R. Romano, M. D.

DR. SCEUSA CARL

	Specimen #		Lab#		Date Collected	Date Received	Date Reported	Sex		Age	
	R8445558M	10	60029	601	02/06/2009 07:30 AM	02/06/2009	02/06/2009	U			
					PATIENT RESULTS						
	Test	****	ml- d	Out of R			Reference Range	Uni	ts		
		****	This	керо	rt Contains Cri	tical Values	***				
C	hemistry										
	Glucose (grey) Fasting?		H No	171		65-9	9	mg/dL			
	Criteria fo (Fasting G < 100 mg, 100-125 m	Blucose) /dL: No ng/dL: I	rmal fas	ting gluco fasting g	is: $2/5$ ose lucose	on IVF					
	>125 mg/				s The						
	Ref: Diabo Urea Nitrogen Creatinine	etes Car	e 29:S43 VH	3-S48, 20 (119)	06 132	9-23		mg/dL			
	PIN/Creat Rati	0	н	197.		0.6- 5.0-		mg/dL			
	Schium		H	152	152	132-		mEq/L			
	Sodium le	vels may	be elev	rated due	to a variety of preanalytica	l factors. Diagnos-	110	шьч/ ы			
	Potassium	of clinic	al observ	valions, o	ther tests and patient histor			/ T			
	Chloride		H	113	4.4	3.5- 99-1		mEq/L			
	Carbon Dioxide				29	20-3		mEq/L			
(	Calcium				9.0	8.5-		mg/dL			
				**Red	quisition Commen		20.2	mg/ an			
A	ccessioning:Fasting										
T	hese data are acceptab	ole for t	he patie	ent's clin	nical condition. No furth	er follow up necess	sary at this time.				
ΙVΙ	. D .					DATE					
	nese data will be mon . D .	itored i	for furth	ner evalu	nation, see patient chart.	DATE					

pharm scripts

Patient Information

Karron, Marion SML Code: 770859 Room: 2BV 240A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Account Andrantion 3215131 Page 1 of

> VERRAZANO NH STATS 100 Cast of an Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

KLAHR MARTIN

Specimen #	Lab#	Date C	ollected	Date Recei	ved	Date Reported	Sex	Age
R8445303M 1	09018780	02/0	7/2009	02/09/2	2009	02/12/2009	U	
, h	and the	PATIENT	RESULTS					
Test	Ou	of Range	Withir	Range	R	leference Range	Units	
and the second s								
Urinalysis			1					
Color, Urine	6 J. M. M.		Yellow		Yella	ow-Straw	A to Argon to the Arman	
Appearance, Urine	H	TURBID		4	Clea			
pH, Urine	14.1		6.0		5.0-			
Specific Gravity			1.020		1.00	5-1-030	R.I.	
Bilirubin, Urine			NEGATIV	Æ	NEGA'	TIVE		
Blood, Urine	H I	MODERATE	à		NEGA'	TIVE		
Leuk. Esterase, U	H I	LARGE			NEGA'			
Nitrites, Urine			NEGATIV		NEGA'			
Glucose, Urine	医乳腺性抗病		NEGATIV		NEGA'		mg/dL	
Ketones, Urine			NEGATIV	Æ .	NEGA		mg/dL	
Protein, Urine	H 3	3 0			NEGA'		mg/dL	
Urobilinogen, U			0.2		0.0-	1.0	mg/dL	
Jrine Microscopic		11.00				m + 1, y <sub>1</sub> m + 1, 1m + 1, 1	" /ItpE	
RBC, Urine		L1-20	7		<5		/HPF	
WBC, Urine	H	50+	None de		<5 None	seen	/HPF	
Bacteria, Urine Epithelial Cells			None se			seen	/HPF	
Crystals	H 2	Amorphous	MOHE BE	CII		seen	/HPF	
Cayscalb		Irate			740110	DCC11	/ 111 1	
And the state of t		Irystals	de la reconstruction de la construction de la const					
Yeast		Many		1.	None	seen	/HPF	
							,	
PACCES AND A STATE OF THE STATE				M 2		man man and an area.		
		1	. 4	(: 1	1131	12 4		
		4/	: 1/ma	M	16 )(			
A CONTRACTOR OF THE PROPERTY O	- 1	10	10.00		and a female of			
			. "					
		(2) · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·		:				
The state of the s		A CANADA				Au		
	1 2 . 11/2 2 4							
			g Selvice en la co					

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 02/12/2009 at 01:38 PM

Autolims Clinical kaboratory Information-System Ver. 3-02 by Netlims -2734175-13215131

Karron, Marion SSN: 118244899

Room:240A

hiel

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 1 Accodin 246-08tion 3195208

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Test  hemistry Slucose (grey) Fasting? Confirmed	Out of *** This Rep	ort Cont	RESULTS Within	n Range		02/08/2009 Reference Range	M	78	_
* hemistry Glucose (grey) Fasting? Confirmed	*** This Rep	Range Cont	Within				Units		
* hemistry Glucose (grey) Fasting? Confirmed	*** This Rep	ort Cont					Units		
Glucose (grey) Fasting? Confirmed	VH 474		ains Cri	tical	77271160				
Glucose (grey) Fasting? Confirmed					varues	***			
Glucose (grey) Fasting? Confirmed		)							
Fasting? Confirmed		1			65-9	0	m = / JT		
Confirmed	INO				65-9	9	mg/dL		
	the diagnosis of diabe	etes:							
(Fasting Glu-									
	L: Normal fasting glu								
	dL: Impaired fasting								
	L: Indicative of diabers Care 29:S43-S48, 2								
Jrea Nitrogen	VH 109				9-23		ma / dT		
Confirmed	VII 109				9-23		mg/dL		
reatinine			0.7		0.7-	1 3	mg/dL		
GFR (calculation	on)		>60		>60		mg/ di		
For African-	Americans, multiply	EGFR result	x 1.2						
BUN/Creat Ratio	H 155				5.0-	30.0			
Sodium			145		132-	146	mEq/L		
Potassium			5.0		3.5-	5.5	mEq/L		
Chloride	H 112				99-1	09	mEq/L		
Carbon Dioxide			31		20-3	1	mEq/L		
Calcium			8.6		8.5-	10.4	mg/dL		
	**R	equisiti	on Comme	nts**					
cessioning:Non Fasting	g	//							
hese data are acceptable	for the patient's cl	linical conditi	ion. No furth	er follow	up necess	sary at this time.			
D.		/ /		DATE		/			
hese data will be monito	ored for further eva	iluation, see p	patient chart.		7/	9/9			
D		///		DATE	1	/(/.			

Karron, Marion SSN: 118244899

Room: 240A

Page 1 of 1 Accord 3 156 6 14 10 1 3 2 5 6 5 6 5

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Specimen #		Lab#		Date Collected	Date Re	eceived	Date Rej	orted	Sex	Age
R8445270A	1	0800152	01 02/08/	/2009 02:15 PM	02/08	3/2009	02/13	/2009	M	78
				s Original					07:28	5.6
Test		Oı	at of Range	Within	Range		Reference F	Range	Units	
	***			ontains Cri						
Chemistry			45.4						/ 7	
Glucose (grey Fasting?	7)	VH No	474			65-9	9		mg/dL	
Confirm	ed	NO								
		diagnosis of	diabetes:	1						
(Fasting	Glucos	e)								
		Normal fastin								
			asting glucose							
		ndicative of are 29:S43-S								
rea Nitrogen			109			9-23			mg/dL	
Confirm						2 23			mg/ an	
Creatinine				0.7		0.7-	1.3		mg/dL	
eGFR (calcula	tion	)		>60		>60				
			ltiply EGFR re			700				
BUN/Creat Rat	io	H	155.6			5.0-	30.0			
Sodium				145		132-			mEq/L	
Potassium				5.0		3.5-			mEq/L	
Chloride		H	112			99-1			mEq/L	
Carbon Dioxid	le			31		20-3			mEq/L	
Calcium			* * D =	8.6		8.5-	10.4		mg/dL	
ccessioning:Non Fas	tino		**Requis	ition Comme	nts**					
These data are accept	able fo	r thể nátien	nt's clinical c	ondition No furt	ner follow	un necès	cary at this	time		
I.D.	1/1	1/2/	- S Cillical C	ondition. No full	DATE	up neces	3/04	tille.		
These data will be mo	onitore	d for furthe	er evaluation,	see patient chart			110			
.D/				^	DATE					

\*\*COMPLETE REPORT\*\*

Report Generated By Autolims on 02/13/2009 at 06:03 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2735661-13256565

Karron, Marion SML Code: 766233

Room: 240A

Page 2 of 2

2/7c2c8i5t9 Oforth3 20h3 730

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romano M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #		Lab#		Date Collected	Dat	e Received	Date Reported	Sex Age
	R8205068A		901825 omplet		/09/2009 11:45 hts Origin			02/10/200 on 02/10/200	
	Test		C	of Rang		Within Range	>	Reference Range	Units
	MCHC		L	29.3	Concarns	CIICICA		)-37.0	ે
	Platelets RDW-CV		Н	17.7	383			0-16.0	x10^3/uL %
]	MPV  Manual Differentia  November 12%			0.2	10.0	)		-13.0	fL
	Neutrophils ak Lymphocytes%-I	os	H H L	83 9.4 6			40-7 1.6- 20-4	-7.8	% x10^3/uL %
	Lymphs abs-DIF Bands%-DIF		L VH	0.7			1.0-		x10^3/uL
7	Bands abs-DIF C Morphology				1.3				
	/ypochromia-DI		H	++			0		
I	These data are accepta					DAT		ssary at this time.	
	These data will be mon	mored	ior lurth	er evaiuati	ion, see patient	DAT	E		



Page 1 of 2 Acco21712815191911013213730

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

DR. SCEUSA CARL

Specimen # R8205068A

Karron, Marion

Room: 240A

SML Code: 766233

Lab # 1090182501

Date Collecte 02/09/2009 11:45 AM Complete Results Originally Reported on 02/10/2009 00:26 AM

Date Received 02/09/2009

Date Reported 02/10/2009

Sex Age U

Test

Out of Range

Within Range

Romeno M. D.

Reference Range

Units

This Report Contains Critical Values

Chemistry Glucose

163 H Criteria for the diagnosis of diabetes:

(Fasting Glucose) < 100 mg/dL: Normal fasting glucose 100-125 mg/dL: Impaired fasting glucose

> 125 mg/dL: Indicative of diabetes

H

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen 111 Creatinine eGFR (calculation)

PUN/Creat Ratio H 185.0 bdium H 153

9-23 0.6 - 1.3>60

20-31

65-99

mg/dL

mg/dL

mg/dL

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnos-

e in light of clinical observations, other tests and patient history 5.7 Potassium H

118

0.2

11.4

3.00

Carbon Dioxide	Н	33
Calcium Protein, Total Albumin Globulin	L L	5.9

A/G Ratio Alkaline Phosphatase AST (SGOT) ALT (SGPT)

Chloride

Bilirubin, Total L Hematology White Blood Count H Red Blood Count L

Hemoglobin L 8.9 Hematocrit L 30.2 MCV H 108 MCH

\*\*COMPLETE REPORT\*\*

0.6 >60

1.1

88

22

30

29.9

5.0-30.0

132-146

mEq/L

mEq/L

mg/dL

q/dL

g/dL

q/dL

IU/L

Ratio

3.5 - 5.5mEq/L 99-109 mEq/L

9.6 8.5-10.4 6.0 - 8.33.2-4.8 2.8

1.9 - 4.01.0-2.5

45-129

13-40 IU/L 10-49 IU/L 0.3-1.2 mg/dL

4.0-11.0

3.80-6.00 11.1-16.1 34.0-52.0

78-102 27.0-31.0 x10^6/uL q/dL

x10^3/uL

fL pg

It Generated By Autolims on 02/10/2009 at 10:39 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2728599-13213730

# Shiel Medical Laboratory

At Silver Lake Specialized Care Center 275 Castleton Avenue, Staten Island, NY 10301

### ARTERIAL BLOOD GAS REPORT

T/C PS

YZED SO

Name (Last, First	KARPOR	/_/	YAVIE	Date	e: 2/20/09	1D# 153
TIME DRAWN:		20	5		[]PM	
	Tested					OR SETTINGS
	02/20/09	82:13 F	olv.	MODE	(CIRCLE ONE) A/C	SIMV CPAP
	Calibration	Succes	sful	FiO <sub>2</sub>	35-45	
	Cal Code	PER-DE	ы−XZP	VT	500	
	Cartridge Lot					Ø.
	Test Number		3040	A5515	TING RATE	9
	Patient ID:		15354			
				ETCO <sub>2</sub>	40	O <sub>2</sub> ANALYZ
	Patient Ter 37.3°C			PO	98	O <sub>2</sub> LITERS
	BF	754	mmHg			
	Measured a	37.0	a ["]		REFERE	NCE RANGE
		7.265	· ·	На	7.35 - 7.4	5
	•	68.7	mmHg	pCO <sub>2</sub>	35 – 45	mmHg
	p02 H	112.2	mmHg	$pO_2$	80 – 100	
		***	2.0	HCO <sub>3</sub>		mmHg
	Corrected to		" C:	-		
	1 - 1	69.6	mmHs	tCO <sub>2</sub>	22 – 29	mmHg
	p02 H		mmH9	BE-b	-2 to +2	mmHg
				BE-ecf	-2 to +2	mmHg
	Ref. Ranges			O <sub>2</sub> sat.	97.0 - 100	%
	pH 7.350-					
	pCO2 35.0- pO2 80.0-		mmHg mmHg	COMM	ENTS:	
	Calculated Re	esults			1 -1/	
	HC03-	30.8	mb*		11 01	
	7002	32.9	mf <sup>rt</sup>		11/21	
	* BEb BEecf	1.6	rote!		1 / - /	
	02Sat	97.2	10m			
						7 2 //
	at Hb for REh	15 0	ozdi.		L	1)1/1

Anterial

Right Radial

Sample Info: Type:

Site:

# Shiel Medical Laboratory

At Silver Lake Specialized Care Center 275 Castleton Avenue, Staten Island, NY 10301

### ARTERIAL BLOOD GAS REPORT

	ANTENIAL DEC	JOD GAG I	CLI OICI	
Name (	Last, First) KANDOLY, MAIN, COLY	Date:	2/20/09	D# <u>1535</u> 4
TIME D	RAWN: 255	_[] AM [	<b>∮</b> PM	
	professional control of the control	/		
	Tested on			OR SETTINGS
	02/20/09 03:04 PM	MODE (CI	RCLE ONE) (A/C)	SIMV CPAP T/C PS
	Calibration Successful	R.R.	18	
	Cal Code PEO-ACM-XZP	VT	500	
-	Cartridge Lot FATIG	ASSISTIN	NG RATE	90
<u>,                                    </u>	Test Number 3041			·
	Patient ID: 15354	ETCO <sub>2</sub>	42	O2 ANALYZED 90
	Patient Temperature	PO	98	O <sub>2</sub> LITERS
	37.3°C 99.1°F			
	BP 754 mmH9			
	Managemand 37.89 °C		REFERE	NCE RANGE
	Measured 0 37.0 °C pH L 7.333	рН	7.35 - 7.4	5
	pC02 H 56.9 mmH9	pCO <sub>2</sub>	35 - 45	mmHg
	pO2 H 115.9 mmHg	pO <sub>2</sub>	80 - 100	mmHg
	Comported to 37.3 °C	HCO <sub>3</sub>	22 – 26	mmHg
	Cottlegged to otto	tCO <sub>2</sub>	22 - 29	mmHg
	PH L 7.328 PCO2 H 57.6 MMH9	BE-b	-2 to +2	mmHg
	PO2 H 117.8 mmH9	BE-ecf	-2 to +2	mmHg
		O <sub>2</sub> sat.	97.0 - 100	
	Ref. Ranges pH 7.350-7.450	2 3 4 11		70
	pCO2 35.0- 45.0 mmH9	COMMEN	ITS:	
	pO2 80.0-100.0 mmH9	001111121		
	Calculated Results	$\gamma$		
	HC03- 29.8 mM			
	7C02 31.6 mM			
	* REb 2.4 mM REeof 3.9 mM			
	BEecf 3.9 MM 02Sat 97.8 %			
	02030			
	sitth for BEb 15.0 g/dL	DEPORT	ED TO.	Dallago Dal

RT'S Signature:

Sample Info:

Tupe:

Arterial

Right Radial

arron, Marion SML Code: 746963 Room: 245A shiel
medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2 Accomp/8/8/8/8/31113572199

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age
1. N. 19. 19. 19.	R8317038W	1060106101	03/06/2009	03/06/2009	03/16/2009	F 78
			PATIENT RESULTS			

Test

Out of Range

Within Range

Reference Range

Units

### Sputum Culture

Gram Stain - Few Gram negative rods

\* \* \* Culture Results \* \* \*

Acinetobacter lwoffi

Many Tetracycline < = 4Trimeth/Sulf <=2/38 S Ampicillin <=8 Nitrofuranto <=32 Cefazolin <=8 xicillin/ <=8/4 Ciprofloxaci S <=1 Tobramycin S <=4 Ceftazidime S <=1 Ampicillin/s S <=8/4 Cefuroxime <=4 Levofloxacin <=2 Cefoxitin <=8 Cefepime <=8 Aztreonam <=8 Ceftriaxone S <=8 Ticarcillin/ S <=16 Meropenem (C S <=4 Cephalothin <=8 Amikacin <=16 Cefotetan <=16 Cefotaxime <=2 S Moxifloxacin <=2

Legend:

SIR = Susceptible Intermediate Resistant

Karron, Marion SML Code: 787460



Page 2 of 2

2/2012/4/15/01-13/15/01/7835

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SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M. D.

DR. SCEUSA CARL

Specimen #	Lab #	Date	Collected	Date Received	Date Reported	Sex	Age
R83170522	83170522 1090226301		03/09/2009 06:00 AM 03/		03/14/2009	F	
23		PATIENT	RESULTS				
Test	Out of	Range	Within	Range	Reference Range	Units	
These data are accepta M.D. These data will be mo M.D.				DATE	ssary at this time.		

larron, Marion SML Code: 746963 Room: 245A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

Accol 1917 4 9 17 1 3 5 9 3 5 8 3 Page 1 of 2

> SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R83170360	1070017001	03/07/2009 05:00 AM	03/07/2009	03/17/2009	F	78
	Complete R	esults Originall	y Reported d	n 03/12/2009	10:47	AM

Test

Out of Range

Within Range

Reference Range

Units

Wound Culture

\* \* \* Culture Results \*

Pseudomonas fluorescens/putida Many Tetracycline S < = 4Trimeth/Sulf <=2/38 S Ampicillin <=8 Cefazolin >16 Amoxicillin/ <=8/4 Ciprofloxaci >2 S bramycin < = 4Ceftazidime S 4 Ampicillin/s <=8/4 Cefuroxime 16 Levofloxacin I 4 Cefoxitin >16 Cefepime S <=8

> < = 4S <=8 S <=16 S < = 4

<=8

>16 S <=16

32 S 8

<=2

Moxifloxacin Piperacillin

Aztreonam

Ceftriaxone

Ticarcillin/

Meropenem (C

Cephalothin

Imipenem

Amikacin

Cefotetan

Cefotaxime

<=16

Legend:

SIR = Susceptible Intermediate Resistant

\*\*COMPLETE REPORT\*\*

Fort Generated By Autolims on 03/17/2009 at 11:12 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2802340-13593583

Karron, Marion )ML Code: 787460



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano , M. D.

Page 1 of 2 Accol 7476456143507835

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R83170522	1090226301	03/09/2009 06:00 AM	03/09/2009	03/14/2009	F	
-		PATIENT RESULTS				

Test

Out of Range

Within Range

Reference Range

Units

Wound Culture

\* \* \* Culture Results \* \* \*

Pseudomonas aeruginosa

Many Tetracycline <=4 Trimeth/Sulf >2/38 Ampicillin <=8 Cefazolin >16 Amoxicillin/ <=8/4 Ciprofloxaci R >2 <=4 Tobramycin S tazidime 4 Ampicillin/s <=8/4 16 Cefuroxime Levofloxacin >4 Cefoxitin . >16 <=8 Cefepime S S <=8 Aztreonam Imipenem S <=4 Ceftriaxone S <=8 Ticarcillin/ S <=16 Meropenem (C S <=4 . >16 Cephalothin Amikacin S <=16 Cefotetan 32 Cefotaxime 8 Piperacillin S <=16

Legend:

SIR = Susceptible Intermediate Resistant

SILVER LAKE	ADDITIONA	L ORDER FOR	IM.	
RESIDENT'S HAME	UNIT/RODMISED MED RECORD V	ADMISSION DATE	SEX DATE OF BIRTH	PATER NO.
MEDICATION OFFICES / MARION	JBN 237A 15354	1/21/00	F 6/6/193	o U
T.O. No C. Scensa/Ruggier	per Bret: Regular Di	et		
DX:	0 +- 1	le satisf		
DE CONSTIPRTION Daving po	activities : as 40	wan		
DX: CONSTIPRTION	A 1-t : para			
Magnesum Oxide 400m. DX: HYPOMAGNESIUMT PO Daily	Safety: none			
	Therapy: PT.	2		
J Prevaced 30mg & Solu-Ta	Therapy: PT	val		
	ST			
DX: ETOH Daily	Floo Programs.	pending		
/ Metoprolol XL 50mg				
DX: HTTV T PO Daily	Saloratory Lests	. /		
Levothyroxine 0.15mg (Levothroid) po Daily 260	Jalonatory Lests  Galonatory Lests  Genty 144P du  CBC, CMP, Stool  T3T4 T5H Q=	2 109 A	2 no 4/08	}
DX: (Levernroid) po Daily a 64	CBC, CMP, STOOL	queae	4/00	
DX: Hypo PO Daily a Gam	T3T4 TSH U=	show and	1108	
DX: Hypo PO Daily a Game	B/p & weekly u	175 Ham	prn	
/ Risperdal 0,5 mg	VS OD X 30 d	aup There		
DX: MSomnia psychosis				
Paxil dong +	PICKED UPBY:	PAA DATE:	1/21/estime:	AZ
DX Doprossion po Daily	REVIEWED BY:	DATE: // DATE:	21 /08 TIME: TIME:	117
DX: Q8his prn pain	I CERTIFY THE ABOVE NAMED RESU MD SIGNATURE: PRESCRIPTIONS FILLED GENERICALLY U		DÂTE:	
CONTACT ISOLATION 7 MRSA Sputum				
ALLERGIES 7.77CO77	DIAGNOSIS	DAW		
NKA	Risp. Faulure / COPD)	HFID / Hypoth	youdism.	
	VDRF			
Dr. Klahu	(18) 667-900			7.1
		HURSE'S REVIEW		DATE /- D/

SILVER LAKE/	TUBE FEEDING ORDERS
VENT UNIT MYES [] NO	
RESIDENTS HAME Karron, Marion	UNITARODMIBBO MED RECORD & ADMISSION DATE SEX DATE OF BIRTH PAGE NO.  28 J37A 15354 1/21/08 F 6/6/1934 3
MEDICATION ORDERS / / (CICONO	DELIVERY DATE: START DATE: 6/6/1934(3)
GTUBE FEEDS OF  25 YOAH WITH H20 FLUSH  OF 150 ML Q4H ON ENTERAL  PUMP AT 95ML/HR  TOTAL CALORIES:  TOTAL ML:  POSITION SEMI FOWLERS  REASON: NUTRITIONAL SUPPORT	
CLEASE G-TUBE WITH NS QS AND PRN	
CHANGE IRRIGATION SET ACCORDING TO NUMBER HOP POLICY.	
MU IVITAMINS WITH MINERALS 15. VIA GT QD FOR NUTRITION.	
PROSTAT 101 30ML VEST TID FOR HYPOALBUMIN.	
TYLENOL GR. X = 20ML LIQUID (649MG) Q4H PRN FOR PAIN OR TEMP > 100.5	
FLEET ENEMA EVERY 3 <sup>RD</sup> DAY PR' 7 NO BM.	
HEPÁRIN 5000 UNITS SUBCUTANEOUSLY Q12H FOR DVT PROPHYLAXIS	
PEPCID AC 10MG 2 TABLETS BID FOR GERD	PICKED UP BY:  REVIEWED BY:  DATE: 1/2/08 TIME: 1/2
PT/OT/ST EVAL AND TREAT	REVIEWED BY : DATE: TIME:  I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED (NF) CARE.
PODIATRY EVAL FOR MYCOTIC NAILS. OPTH SCREEN CATARACTS	MD SIGNATURE:  PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW
OR GLAUCOMA.	
ALLERGIES	DAW
PHYSICIAN O 1/1 1	PHYSICIAN'S PHONE
Dr. Klaho	(7/5)667-9000 MURSES REVIEW DATE

SILVER LAKE	RESPIRATORY ORDERS	
RESIDENT'S HAME YES [] NO	UNITYROOMISED MED RECORD V ADMISSION DATE SEX DATE OF SIRTH	PAGE ND.
MEDICATION ORDERS / Marion	DELIVERY DATE START DATE - 6/6/1930	
RESPIRATORY	8A CAAP : 30/2 15 10	
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OTHER:		
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PRN		
ETCO2 QM AND PRN		
SEE RESPIRATORY FLOW SHEETS		
ABG'S		
TRACH/CARE QS AND PRN		
TRACHEAL SUCTIONING QS AND PRN		
QUANT FILE		
ORAL PHARANGEAL SUCTIONING QS-AND PRN		
CHANGE INNER CANNULA  QD AND PRN		
QU AND FIGH		
ALBUTERAL 1 UNIT DOSE VIA NEBULIZER Q4H PRN FOR WHEEZING		
ATROVENT I UNIT DOSE VIA		
NEBULIZER O4 H FOR COPD		
Foly can gs as per	PICKED UPBY: DATE: 1/21/0/TIME: 37	/
NHP	REVIEWED BY DATE: //// TIME: DATE: TIME:	872
Influenza vaccination 0,500 IM	I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED (NF) CARE MD SIGNATURE: DATE: PRESCRIPTIONS FILLED GENERICABLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOT	
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in	DAW	
ALLERGIES	DIAGNOSIS	
PHYSICIAN DY 1/02 P	PHYSICIAN'S RHONE	
Dr. Klahr	NURSE'S REVIEW	DATE

SILVER LAKE	ADDITIONAL ORDER FORM					
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MEDICATION ORDERS						
BMP, CBC						
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	REVIEWED BY	:	DATE:		TIME:	
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ALLERGIES	DIAGNOSIS					
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Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

### INTERIM PHYSICIAN'S ORDERS FORM

INTERIM PHYSICIAN S ORDERS FORM		
PATIENT'S NAME:	ALLERGIES:	
LAST Karron FIRST Marion MI	NIST	
FACILITY	DOCTOR'S NAME	
5L5CC 237A	Dr. Klah	
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECES	SARY!"	NURSING PERSONNEL SIGNATURE
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1/10pm 1/21/08 T.O. Dr. Seenen 1 Charp Alivar 5 mg 8.0 stat	for septest	il-
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DATE TIME 2 To Dr. Seeuse / W. Lun Ro	SAMA	Ver
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Silvadere exeam g s x 14da	Check here if faxed. Enter time.	AM
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INTERIM PRYSICIAN S ORDERS FORM	***************************************
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SHORE PHARMACEUTI SIL - ER LAKE ORDER FORM RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (771) 237 0 06/06/30 01/21/ 5B MEDICATION ORDERS OTHER APPERS D/C PRESSURE AND WTS EVERY WEEK DELIVERY DATE 2/8/48 DIET: REGULAR 01/21/08 A4584901 RISPERDAL O. 5MG TABLET ACTIVITIES: 1 TAB BY MOUTH AT BEDTIME FOR AS TOLERATED INSOMNIA CHECK & RECORD ORTHOSTATIC BP THERAPY: WEEKLY PT EVAL 01/21/08 R13236775 OT EVAL LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 6AM FOR ST. EVAL HYPOTHYROIDISM \*\*SEPARATE 2 HOURS RESTORATIVE OCCUPATIONAL THERAPY FROM CALCIUM\*\* 01/21/08 R13236765 SXWEEK 30MIN SESSIONS LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) RESTORATIVE PHYSICAL THERAPY 1 TAB BY MOUTH DAILY AT 6AM FOR SXWEEK SOMIN. SESSIONS HYPOTHYROIDISM \*\*SEPARATE 2 HOURS FLOOR PROGRAMS: FROM CALCIUMS\* PENDING 01/21/08 R13236772 MAGNESIUM OXIDE 400MG TABLET 1 TAB\_BY\_MOUTH\_DAILY\_FOR -LABORATORY: YEARLY H&P DUE 1-9 HYPOMAGNESIUM CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 01/21/08 R13236704 METOPROLOL ER SOMG TAB. SR 24H (S/F: TOPROL XL) PREPARED BY: DATE: 1 TAB BY MOUTH DAILY FOR PICKED UP BY: HYPERTENSION VERIFIED BY: DATE: TIME: VERIFIED BY: DATE: (TIME: 2 NURSE'S REVIEW: 01/21/08 R13236749 MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT Signature \*\*\*(STOCK)\*\*\* THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETINE 20MG TABLET (PAXIL 1 TAB BY MOUTH DAILY Dispense As Written CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 02/21/08 HYPOTHYROIDISM, VDRF 02/08/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE

SILVERLAKE-KARRON-000537 1/21/08

1. OF

PHARMACY

FACILITY.

PHYSICIAN'S

KARRON, MARION (771)

FACILITY PHARMACY PHYSICIAN'S SIL, ER LAKE SHORE PHARMACEUTI ORDER FORM DATE OF BIRTH SEX DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED 23 237 A 06/06/30 F 01/21/08 KARRON, MARION (771) MEDICATION ORDERS OTHER ORDERS D/C PREVACID SOLUTAB BOMG TAB LIN DR T3, T4, TSH EVERY 3 MONTHS 4-8 1 TAB BY MOUTH DAILY FOR GERD \*\*DISSOLVE ON TONGUE OR IN RESTRAINTS: MOUTH\*\* NONE 01/21/08 R13236710 HANDMITTENS AT ALL TIMES RELEASE EVERY HOURS X 15MINS FOR ROM AND HYGIENE SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* OTHER ORDERS: TOOLATION - PMROA SPUTUM 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH 01/21/08 R13236737 HEPARIN SOD IML 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 01/21/08 R13236807 X30DAYS THEN AS NEEDED 01/21/08 A4584902 OXYCODONE/APAP 5MG/325MG TABLET PREPARED BY: (S/F: PERCOCET) DATE: DATE 2/24/4 1 TAB BY MOUTH EVERY 8 HOURS AS PICKED UP BY: White TIME:3-NEEDED DATE: VERIFIED BY: TIME: DATE: 2/24 TIME: V TRIPLICATE REQUIRED VERIFIED BY: NURSE'S REVIEW: 01/23/08 R13242588 TIME: LORAZEPAM IMG TABLET (S/F: ATIVAN 1 TAB BY MOUTH EVERY 6 HOURS AS NEEDED Signature TRIPLICATE REQUIRED THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242586 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ACETAMINOPHEN 160MG/5ML ELIXIR -(S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP Dispense As Written >100.5 \*\*\*(STOCK)\*\*\* 01/214 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 02/21/08 HYPOTHYROIDISM, VDRF

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

02/08/08

#### FACILITY. PHARMACY PHYSICIAN'S SHORE PHALLIACEUTI SIL ER LAKE ORDER FORM RESIDENT NAME & MEDICAL RECORD # DATE OF BIRTH UNIT ROOM BED DATE OF ADMISS 28 06/06/30 KARRON, MARION (771) 237 01/21/08 A OTHER ORDERS D/C MEDICATION ORDERS 02, 708 NICOTINE TRANSDERMAL 7MG/24HR. PATCH TD24 (S/F: NICODERM CQ) APPLY 1 PATCH TO CHEST WALL EVERY 24 HOURS FOR 14 DAYS EROTATE SITESI Than re evoluate. 01/29/08 R13269059 EVERY SHOT AS DELINITE 01/21/08 A4584920 J708 NYSTATIN W/TRIAME/INOLONE CREAM (S/F: MXCOLOG II) AFTER N/S WASH APPLY TO FUNGAL PERWEAL AREA EVERY SHIFT RASH TO FOR 14 DAYS 01X30/08 R13276265 02719708 SILVER SULFADIAZINE 1% CREAM APPLY AROUN TRACH SITE EVERY SHIFT FOR 14 02/05/08 R13298572 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* 01/21/08 R13236804 IPRATROPIUM BROM (62, 5ML/BOX) O. 2MG/1ML SOLUTION PREPARED BY: DATE: TIME: PICKED UP BY/ DATEAN 1 UNIT DOSE VIA NEBULIZER EVERY 4 TIME: 3-HOURS FOR COPD DATE TIME: VERIFIED BY: TIME: 7 DATE: VERIFIED BY: TIME: 01/23/08 R13242828 NURSE'S AEVIEW: ALBUTEROL O. 083% (75ML/BOX) O. 83MG/IML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242825 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PROSTAT 101 30ML BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN Dispense As Written A4584904 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE NO KNOWN ALLERGIES 02/21/08

RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

02/08/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

PHYSICIAN'S	FACILITY	PHARMACY	
ORDER FORM	SIL, ER LAKE	SHORE PHAK.ACEUTI	All Constants on
RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (7	71) 2	UNIT ROOM BED DATE OF B 237 A 06/06	
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	MARTIN K	LAHR (BK0701157) 718-447-7 AN BLVD2, STATEN ISLAND, N	NY, 10306
RESIDENT NAME KARRON, MARION (7	71) SILVERI AKE-KA	ARRON-000540 1/21/08	DENT # PAGE

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Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS	FORM		
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Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

### INTERIM PHYSICIAN'S ORDERS FORM

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UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (771) 237 2B OE/60/30 F 01/21/08 OTHER ORDERS MEDICATION ORDERS BLOOD PRESSURE AND WTS EVERY WEEK DELIVERY DATE START DATE non hospetal DNR ADVANCE DIRECTIVES: \*\*DO NOT RESUSCITATE\*\* 01/21/08 A4584901 RISPERDAL O. 5MG TABLET DIET: 1 TAB BY MOUTH AT BEDTIME FOR REGULAR INSOMNIA CHECK & RECORD ORTHOSTATIC BP ACTIVITIES: WEEKLY AS TOLERATED 01/21/08 R13236775 LEVOTHYROXINE SODIUM 150MCG PT EVAL Connual 3/09 TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 6AM FOR OT EVAL annual 3/09 HYPOTHYROIDISM \*\*SEPARATE 2 HOURS FROM CALCIUM\*\* ST. EVAL Cennue 3/09 01/21/08 R13236765 LEVOTHYROXINE SODIUM 25MCG TABLET RESTORATIVE PHYSICAL THERAPY (S/F: SYNTHROID) SXWEEK 30MIN. SESSIONS 1 TAB BY MOUTH DAILY AT 6AM FOR HYPOTHYROIDISM \*\*SEPARATE 2 HOURS PENDING PROMOTO A + VIENTIEMS PEPSG FROM CALCIUM\*\* 01/21/08 R13236772 MAGNESIUM OXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR-HYPOMAGNESIUM YEARLY H&P DUE 1-9 CBC, CMP, STOOL QUIAC EVERY 3 MONTHS 4-08 01/21/08 R13236704 METOPROLOL ER 50MG TAB. SR 24H (S/F: TOPROL XL) PREPARED BY: PICKED UP BY: \_\_\_\_\_\_\_\_ 1 TAB BY MOUTH DAILY FOR VERIFIED BY: \_\_\_\_ DATE:/ HYPERTENSION VERIFIED BY DATE: MURSE'S REVIEW: 01/21/08 R13236749 MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT \*\*\*(STOCK)\*\*\* THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETINE 20MG TABLET 1 TAB BY MOUTH DAILY Dispense As Written 101/08 R CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 03/20/08 HYPOTHYROIDISM, VDRF 03/10/08 PHYSICIAN'S NAME. TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

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FACILITY PHARMACY PHYSICIAN'S SHORE PHANNACEUTI SIL ER LAKE **ORDER FORM** UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771) 237 F 01/21/08 2B OE/80/80 OTHER ORDERS D/C MEDICATION ORDERS FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13242828 ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN 01/21/08 A4584904 PREPARED BY: MONITORING AND PRN PICKED UP BY: VERIFIED BY: DATE: 3 VERIFIED BY: DATE: TIME: NURSE'S REVIEW: TIME: ETCO2 QM AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW hand millens release 920 Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 03/20/08 HYPOTHYROIDISM, VDRF 03/10/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

RESIDENT NAME KARRON, MARION (771) 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED

MARTIN KLAHR (BK0701157) 718-447-7800

RESIDENT #

PAGE 3 OF

FACILITY PHARMACY PHYSICIAN'S SHORE PHARMACEUTI ORDER FORM SIL ER LAKE RESIDENT NAME & MEDICAL RECORD # DATE OF BIRTH UNIT ROOM BED SEX DATE OF ADMIS KARRON, MARION (771) 237 ZB A 06/06/30 F 01/21/0 D/C MEDICATION ORDERS OTHER ORDERS TRACH CARE QS AND PRN TRACHEAL SUCTIONING QS AND PRN PHARAMGEAL SUCTIONING CHANGE INNER CANNULA QD AND PRN RESPIRATORY: VENTILATOR SETTINGS: VT: 500 RR: 14 12 MODE: \_AC\_\_\_ FI02: \_35-45% OTHER: predrisone 10mg 80 PD PREPARED BY: PICKED UP BY: \_\_\_\_\_\_ AFIME:3 VERIFIED BY: \_\_\_\_ DATE: VERIFIED BY: TIME: NURSE S REVIEW: TIME: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 03/20/08 HYPOTHYROIDISM, VDRF 03/10/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

ADMITTED

RESIDENT NAME

KARRON, MARION (771)

RESIDENT #

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## INTERIM PHYSICIAN'S ORDERS FORM

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RESIDENT NAME
KARRON, MARION (771)

ADMITTED

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

RESIDENT #

PAGE

03/28/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

FACILITY PHARMACY PHYSICIAN'S ORDER FORM SHORE PHARMACEUTI SILVER LAKE DATE OF BIRTH SEX DATE OF ADM. ROOM BED UNIT RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771) 28 232 13 OE/60/60 01/21/01 OTHER ORDERS MEDICATION ORDERS D/C PREDNISONE 10MG TABLET T3, T4, TSH EVERY 3 MONTHS 4-8 1 TAB BY MOUTH DAILY FOR COPD RESTRAINTS: NOME HANDMITTENS AT ALL TIMES RELEASE EVERY ? 02/22/08 R13462316 HOURS X 15MINS FOR ROM AND HYGIENE PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD \*\*DISSOLVE ON TONGUE OR IN HAND MITTENS RELEASE EVERY 2 HOURS AND # MOUTH\*\* NEEDED FOR ROM AND HYGIENE 01/21/08 R13236710 SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETCH 01/21/08 R13236737 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D ) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS \*\*\*(STOCK)\*\*\* 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: DATE: PICKED UP BY: SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS VERIFIED BY: DATE: VERIFIED BY: DATE: TIME. 01/21/08 R13236807 NURSE'S REVIEW: DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED Signature TRIPLICATE REQUIRED THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM IMG TABLET (S/F: ATIVAN 1 TAB BY MOUTH EVERY & HOURS AS Dispense As Written TRIPLICATE REQUIRED 03/12/08 R1344970 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE

RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF NO KNOWN ALLERGIES

04/10/08

03/28/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLYD2, STATEN ISLAND, NY, 10306

MOHILY PHYSICIAN'S **ORDER FORM** SHORE PHARMACEUTI SILVER LAKE DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED 232 В 06/06/30 01/21/08 KARRON, MARION (771) 23 MEDICATION ORDERS OTHER ORDERS D/C ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 \*\*\*(STOCK)\*\*\* 01/21/08 R13236795 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13242828 ALBUTEROL O. 083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN in 30ccHX 01/21/08 A4584904 PREPARED BY: DATE: PICKED UP BY VERIFIED BY: DATE: VERIFIED BY: DATE: NURSE'S REVIEW: 02 SAT WITH VENTILATOR MONITORING AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ETCU2 QM AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE :ESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 04/10/08 HYPOTHYROIDISM, VDRF 03/28/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

3109 HYLAN BLYD2, STATEN ISLAND, NY, 10306

MARTIN KLAHR (BK0701157) 718-447-7800

RESIDENT #

PAGE

SHORE PHARMACEUTI ORDER FORM SILVER LAKE RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS 232 B F 01/21/08 KARRON, MARION (771) 28 06/06/30 OTHER ORDERS D/C MEDICATION ORDERS TRACH CARE QS AND PRN TRACHEAL SUCTIONING QS AND PRN CHANGE INNER CANNULA QD AND PRN RESPIRATORY: VENTILATOR SETTINGS: VT: 500 RR: 14 MODE: \_AC\_\_\_ FIO2: \_35-45% OTHER: 73, T4, 75H CBC CMP Stool gruce XI PREPARED BY: PICKED UP BY: DATE: VERIFIED BY: VERIFIED BY: NURSE'S REVIEW: THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE TESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 04/10/08 HYPOTHYROIDISM, VDRF 03/28/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLYD?, STATEN ISLAND, NY, 10306 RESIDENT NAME ADMITTED RESIDENT # PAGE KARRON, MARION (771) SILVERLAKE-KARRON-0005561

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Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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PHARMACY PHYSICIAN'S ORDER FORM SHORE PHARMACEUTI SILVER LAKE An Omnicare Com RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (771) 213 232 H 06/06/30 01/21/0 OTHER ORDERS MEDICATION ORDERS DATE START BLOOD PRESSURE AND WTS EVERY WEEK DELIVERY ADVANCE DIRECTIVES: \*\*DO NOT RESUSCITATE\*\* 01/21/08 A4584901 RISPERDAL O. 5MG TABLET NON HOSPITAL \*\*DO NOT RESUSCITATE\*\* 1 TAB BY MOUTH AT BEDTIME FOR INSOMNIA ANTALON DIET: CHECK & RECORD ORTHOSTATIO REGULAR WEEKLY 01/21/08 R ()3236775 ACTIVITIES: LEVOTHYROXINE SODIUM 150MCG AS TOLERATED TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 5AM FOR THERAPY: HYPOTHYROIDISM \*\*SEPARATE 2 HOURS PT ANNUAL 3-9 FROM CALCIUM\*\* OT ANNUAL 3-9 01/21/08 R13236765 LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) ST. ANNUAL 3-9 1 TAB BY MOUTH DAILY AT 5AM FOR HYPOTHYROIDISM \*\*SEPARATE 2 HOURS FLOOR PROGRAMS: FROM CALCIUM\*\* PROM TO UPPER AND LOWER EXTREMITIES 01/21/08 R13236772 5-REPS EVERY SHIFT MAGNESIUM OXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR LABORATORY: HYPOMAGNESIUM YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 01/21/08 R13236704 METOPROLOL ER 50MG TAB. SR 24H (S/F: TOPROL XL) PREPARED BY: 1 TAB BY MOUTH DAILY FOR PICKED UP BY: HYPERTENSION VERIFIED BY: DATE: 18 VERIFIED BY: DATES SOLCOTIME: 01/21/08 R13236749 NURSE'S REVIEW: MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT Signature \*\*\* (STOCK) \*\*\* THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETINE 20MG TABLET 1 TAB BY MOUTH DAILY Concernor Dispense As Written 02/01/08 R1228668 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 05/05/08 HYPOTHYROIDISM, VDRF 04/30/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 RESIDENT NAME RESIDENT # ADMITTED PAGE

FACILITY

KARRON, MARION (771)

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FACILITY PHARMACY PHYSICIAN'S ORDER FORM SHORE PHANMACEUTI SILVER LAKE An Omnicare Com DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH KARRON, MARION (771) 23 232 B 06/06/30 01/21/0 MEDICATION ORDERS OTHER ORDERS PREDNISONE 10MG TABLET T3, T4, TSH EVERY 3 MONTHS 7-8 Capp 1 TAB BY MOUTH DAILY RESTRAINTS: NONE 04/02/08 R13629994 HANDMITTENS AT ALL TIMES RELEASE EVERY PREVACID SOLUTAB 30MG TAB LIN DR HOURS X 15MINS FOR RDM AND HYGIENE 1 TAB BY MOUTH DAILY FOR GERD \*\*DISSOLVE ON TONGUE OR IN HAND MITTENS RELEASE EVERY 2 HOURS AND MOUTH\*\* MEEDED FOR ROM AND HYGIENE 01/21/08 R13236710 SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH 01/21/08 R13236737 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D ) 2 TABS BY MOUTH TWICE DAILY FOR DSTEOPOROSIS \*\*\*(STOCK)\*\*\* 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: DATE: DATE: 5/5/00 DATES 5/00 SUBCUTANEOUSLY EVERY 12 HOURS FOR PICKED UP BY: VERIFIED BY: DVT PROPHYLAXIS VERIFIED BY: Dang DATES/MA 01/21/08 R13236807 NURSE'S REVIEW: TIME: DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED Signature TRIPLICATE REQUIRED THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM 1MG TABLET (S/F: ATIVAN 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY Dispense As Written TRIPLICATE REQUIRED 04/16/08 R135995d

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

RESIDENT NAME

NO MOWN ALLERGIES

ALLERGY

REVIEW DATE 05/05/08

04/30/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

3109 HYLAN BLVD2, STATEN ISLAND, NY,

PHARMACY

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An Omnicare Com

RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH DATE OF ADMISS 232 B 01/21/0 KARRON, MARION (771) 23 06/06/30 MEDICATION ORDERS OTHER ORDERS ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 \*\*\*(STOCK)\*\*\* 01/21/08 R13236795 APPLY BACITRACIN DINTMENT TO RIGHT HANDE AFTER NORMAL SALINE WASH AND DRY STERILE DRESDING TWICE DAILY 04/25/08 A4719764 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056 ALBUTEROL 0, 083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR PREPARED BY: DATE: HYPOALBUMIN PICKED UP BY: DATE:d VERIFIED BY: VERIFIED BY: 4 01/21/08 A4584904 NURSE'S REVIEW: TIME: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW MONITORING AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY **REVIEW DATE** RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 05/05/08 HYPOTHYROIDISM, VDRF 04/30/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 RESIDENT NAME



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### INTERIM PHYSICIAN'S ORDERS FORM

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Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

## INTERIM PHYSICIAN'S ORDERS FORM

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ORDER FORM SHORE PHARMACEUTI SILVER LAKE RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (771) 232 06/06/30 OTHER ORDERS D/C MEDICATION ORDERS DELIVERY DATE 6 BLOOD PRESSURE AND WTS EVERY WEEK ADVANCE DIRECTIVES: \*\*DO NOT RESUSCITATE\*\* 01/21/08 A4584901 RISPERDAL O. SMG TABLET NON HOSPITAL \*\*DO NOT RESUSCITATE\*\* 1 TAB BY MOUTH. AT BEDTIME FOR Sychosys ACITATION DIET: CHECK & RECORD ORTHOSTATIC BP REGULAR WEEKLY 01/21/08 R13236775 ACTIVITIES: LEVOTHYROXINE SODIUM 150MCG AS TOLERATED TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT SAM FOR THERAPY: HYPOTHYROIDISM \*\*SEPARATE 2 HOURS PT ANNUAL 3-9 FROM CALCIUM\*\* 01/21/08 R13236765 OT ANNUAL 3-9 LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) ST. ANNUAL 3-9 1 TAB BY MOUTH DAILY AT SAM FOR HYPOTHYROIDISM \*\*SEPARATE 2 HOURS FLOOR PROGRAMS: FROM CALCIUM\*\* PROM TO UPPER AND LOWER EXTREMITIES 01/21/08 R13236772 5-REPS EVERY SHIFT MAGNESIUM DXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR LABORATORY: HYPOMAGNESIUM YEARLY H&P DUE 1-9 CBC, CMP, STODL QUIAC EVERY 3 MONTHS 01/21/08 R13236704 METOPROLOL ER SOMG TAB. SR 24H (S/F: TOPROL XL) DATE: PREPARED BY: TIME DATE: 6/2 1 TAB BY MOUTH DAILY FOR PICKED UP BY: VERIFIED BY: HYPERTENSION DATE: 6/4 TIME: C VERIFIED BY: DATE: TIME: 01/21/08 R13236749 NURSE'S REVIEW: MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT Signature 并并来(STOCK)并分并 THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETINE 20MG TABLET 1 TAB BY MOUTH DAILY FOR DEPRESSION Dispense As Written 02/01/08 R13286686 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE ESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 06/02/08 HYPOTHYROIDISM, VDRF 05/21/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD:, STATEN ISLAND, NY, 10306 RESIDENT NAME RESIDENT # ADMITTED KARRON, MARION (771)

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PHARMACY FACII ITY PHYSICIAN'S SHORE PHARMACEUTI An Omnicare Con SILVER LAKE ORDER FORM DATE OF BIRTH SEX DATE OF ADMISS ROOM BED UNIT RESIDENT NAME & MEDICAL RECORD # 01/21/08 06/06/30 7.3 28 232 KARRON, MARION (771) OTHER ORDERS MEDICATION ORDERS D/C T3, T4, TSH EVERY 3 MONTHS 7-8 PREDNISONE 10MG TABLET 1 TAB BY MOUTH DAILY FOR COPD RESTRAINTS: MOME HANDMITTENS AT ALL TIMES RELEASE EVERY 04/02/08 R13629994 HOURS X 15MINS FOR ROM AND HYGIENE PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD HAND MITTENS RELEASE EVERY 2 HOURS AND \*\*DISSOLVE ON TONGUE OR IN NEEDED FOR ROM AND HYGIENE MOUTH\*\* 01/21/08 R13236710 SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH 01/21/08 R13236737 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D ) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS \*\*\*(STOCK)\*\*\* 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: DATE: SUBCUTANEOUSLY EVERY 12 HOURS FOR 中ICKED UP BY DATE: 8 TIME TIME DVT PROPHYLAXIS VERIFIED BY DATE: VERIFIED BY: DATE: TIME: 01/21/08 R13236807 NURSE'S REVIEW: TIME: DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS MEEDED Signature TRIPLICATE REQUIRED THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM 1MG TABLET (S/F: ATIVAN 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY Dispense As Written TRIPLICATE REQUIRED 04/16/08 R13599541 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 06/02/08 HYPOTHYROIDISM, VDRF 05/21/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 RESIDENT NAME RESIDENT #

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SILVERLAKE-KARRON-000566

KARRON, MARION (771)

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PHARMACY **FACILITY** PHYSICIAN'S SHORE PHARMACEUTI ORDER FORM SILVER LAKE SEX DATE OF ADMIS DATE OF BIRTH LIMIT ROOM BED BESIDENT NAME & MEDICAL RECORD # 01/21/08 06/06/30 232 KARRON, MARION (771) OTHER ORDERS MEDICATION ORDERS D/C ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS MEEDED FOR PAIN OR TEMP >100.5 \*\*\*(STOCK)\*\*\* 01/21/08 R13236795 HYDROCORTISONE 2.5% CREAM 05/30/08 APPLY TO AFFECTED AREAS EVERY 12 HOURS FOR 14 PAYS 05/16/08 R13730075 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\* (STOCK) \*\*\* 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056 ALBUTEROL O. 083% (75ML/BOX) O.83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR PREPARED BY: DATE: HYPOALBUMIN PICKED UP BY: DATE: DATE: 6 VERIFIED BY VERIFIED BY: 01/21/08 A4584904 NURSE'S REVIEW: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW 02 SAT WITH VENTILATOR MONITORING AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE TESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 06/02/08

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PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

HYPOTHYROIDISM, VDRF

**ORDER FORM** 

80/20/90 NO KNOWN ALLERGIES SESP FAILURE, COPD, AFIB, BEVIEW DATE ALLERGY DIAGNOSIS / ICD9 CODE Dispense As Written UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW THIS PRESCRIPTION WILL BE FILLED GENERICALLY Signature MANAGE D REVIEW: THIL LIME MEKILIED BA: AEMILIED BAS PICKED UP BY: PREPARED BY: PNV WITH FAMILY ONLY 4 T2-TY 40A-02 EOIT DA : 300M MODE: AC AENLICYLOR\_SELLINGS: RESPIRATORY: MAS QMA QQ CHYMCE INNER CYMNNEY MRY CMA 29 PMINDITUR JAHDART MAS GMA 80 BAAD HDART MAR GMA MD SOOTE MEDICATION ORDERS D/C OTHER ORDERS (INT) MOISAM , WOSSAA 13 CEC 02/90/90 10/13/10 RESIDENT NAME & MEDICAL RECORD # TINU HTRI8 30 3TA0 BED ROOM DATE OF ADMIS SILVER LAKE SHORE PHARMACEUTI to Oranicare Cor SILVERLAKE-KARRON-000568, HOVEL PHYSICIAN'S

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RESIDENT # ADMITTED SIGS HAFFW BEADS' SIMLEW ISLAND, NY, 10306

MARTIN KLAHR (BKOZOTISZ) ZIB-447-7800

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

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SIL ER LAKE SHORE PHALMACEUTI ORDER FORM RESIDENT NAME & MEDICAL RECORD # DATE OF BIRTH SEX DATE OF ADMISSI UNIT ROOM RED KARRON, MARION (771) 06/06/30 232 73 01/21/08 213 MEDICATION ORDERS D/C OTHER ORDERS BLOOD PRESSURE AND WIS EVERY DELIVERY WEEK DATE START ADVANCE DIRECTIVES: \*\*DO NOT RESUSCITATE\*\* 01/21/08 A4584901 RISPERDAL O. SMG TABLET NON HOSPITAL \*\*DO NOT RESUSCITATE\*\* 1 TAB BY MOUTH AT BEDTIME FOR DIET: CHECK & RECORD ORTHOSTATIC BP REGULAR WEEKLY 01/21/08 R13236775 ACTIVITIES: LEVOTHYROXINE SODIUM ISOMCG AS TOLERATED TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT SAM FOR THERAPY: HYPOTHYROIDISM \*\*SEPARATE 2 HOURS PT ANNUAL 3-9 FROM CALCIUM\*\* 01/21/08 R13236765 DT ANNUAL 3-9 LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) ST. ANNUAL 3-9 1 TAB BY MOUTH DAILY AT SAM FOR HYPOTHYROIDISM \*\*SEPARATE 2 HOURS FLOOR PROGRAMS: FROM CALCIUM\*\* PROM TO UPPER AND LOWER EXTREMITIES 01/21/08 R13236772 5-REPS EVERY SHIFT MAGNESIUM OXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR LABORATORY: HYPOMAGNESIUM YEARLY H&P DUE 1-9 GBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 01/21/08 R13236704 METOPROLOL ER SOMG TAB. SR 24H la (S/F: TOPROL XL) PREPARED BY: 1 TAB BY MOUTH DAILY FOR PICKED UP BY DATE: 6/304 TIME HYPERTENSION VERIFIED BY: DATE: VERIFIED BY: TIME 01/21/08 R13236749 NURSE'S REVIEW TIME: MULTIVIT/MINERALS (CERTAVITE) HOUTO T tab ts MLG BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT \*\*\*(STOCK)\*\*\* Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETINE 20MG TABLET 1 TAB BY MOUTH DAILY FOR DEPRESSION Dispense As Written 02/01/08 R13286686 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, ALLERGY REVIEW DATE NO KNOWN ALLERGIES 06/05/08 HYPOTHYROIDISM, VDRF 06/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD:, STATEN ISLAND, MY, 10306 RESIDENT NAME ALMITTED RESIDENT # KARRON, MARION (771) PAGE 21/08 1 OF

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SILVER LAKE SHORE PHANMACEUTI **ORDER FORM** DATE OF BIRTH DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED KARRON, MARION (771) 232 B 06/06/30 01/21/0 OTHER ORDERS D/C MEDICATION ORDERS PREDNISONE TOMG TABLET T3, T4, T5H EVERY 3 MONTHS 7-8 1 TAB BY MOUTH DAILY FOR COPD RESTRAINTS: MONE 04/02/08 R13629994 HANDMITTENS AL TIMES RELEASE EVERY PREVACID SOLUTAB SOME TAB LIN DR HOURS X 15MINS FOR ROM AND HYGIENE 1 TAB BY MOUTH DAILY FOR GERD \*\*DISSOLVE ON TONGUE OR IN HAND MITTENS RELEASE EVERY 2 HOURS AND MOUTH\*\* NEEDED FOR ROM AND HYGIENE 01/21/08 R13236710 SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETCH 01/21/08 R13236737 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D ) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS \*\*\*(STOCK)\*\*\* 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: DATE SUBCUTANEOUSLY EVERY 12 HOURS FOR PICKED UP BY DATE DVT PROPHYLAXIS VERIFIED BY: DATE: VERIFIED BY: DATE TIME 01/21/08 R13236807 NURSE'S REVIEW TIME OXYCODONE/APAP SMG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED TRIPLICATE REQUIRED Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/09 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM IMG TABLET (S/F: ATIVAN 1 TAB WIA TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY TRIPLICATE REQUIRED Dispense As Written 04/16/08 R135 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE ESP FAILURE, COPD, AFIB, KNOWN ALLERGIES 06/05/08 HYPOTHYROIDISM, VDRF 06/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE KARRON, MARION (771)

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PHARMACY FACILITY PHYSICIAN'S SHORE PHANMACEUTI SIL ER LAKE ORDER FORM DATE OF BIRTH SEX DATE OF ADMISS ROOM BED RESIDENT NAME & MEDICAL RECORD # UNIT 06/06/30 01/21/0 KARRON, MARION (771) 28 232 B OTHER ORDERS MEDICATION ORDERS D/C TRACH CARE OS AND PRN TRACHEAL SUCTIONING 05 AND PRN CHANGE INNER CANNULA QD AND PRN RESPIRATORY VENTILATOR SETTINGS: VT: \_500\_\_ RR: \_14\_\_\_ MODE: AC F102: 10-44 OTHER: PNV WITH FAMILY ONLY PICKED UP BY VERIFIED BY: VERIFIED BY: MURSE'S REVIEW TIME: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB. NO KNOWN ALLERGIES 06/05/08 HYPOTHYROLDISM, VDRF 06/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD: STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)



Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

#### INTERIM PHYSICIAN'S ORDERS FORM

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#### INTERIM PHYSICIAN'S ORDERS FORM

INTERIM PHYSICIAN'S ORDERS FORM		
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ONDER	SILVER LAN	(E	SHU	KE PHA	RMACEUT	1.	An Omnicare Comp
RESIDENT NA	ME & MEDICAL RECORD #	U	TINU	ROOM	BED	DATE OF BIRTH	SEX DATE OF ADMISS
KAR	RON, MARION (771)	1 B		130	A	06/06/30	F 01/21/08
D/C	MEDICATION ORDERS					ER ORDERS	2/1/
	BLOOD PRESSURE AND WTS EVE					3º START DIRECTIVE TE**	7-7
	01/21/08 A RISPERIDONE O. 5MG TABLET 1 TAB BY MOUTH AT BEDIIME		NON H	OSPITA	L **DO	NOT RESUS	CITATE**
	PSYCHOSIS WE NOT CHECK & RECORD ORTHOSTATION WEEKLY		REGUL	AR		DIET:	
	07/02/08 R1		AS TO	LERATE		IVITIES:	
	(S/F: SYNTHROID)  1 TAB BY MOUTH DAILY AT 54 HYPOTHYROIDISM **SEPARATE FROM CALCIUM** V. NOT		PT ANI	NUAL 3		IERAPY:	
	01/21/08 R1 LEVOTHYROXINE SODIUM 150M( TABLET (S/F: SYNTHROID)	CG		NUAL 3			
93. A.T.M.C.	1 TAB BY MOUTH DAILY AT 54 HYPOTHYROIDISM **SEPARATE FROM CALCIUM** Va 7 01/21/08 R1	2 HOURS				PROGRAMS:	
	1 TAB BY MOUTH DAILY FOR HYPOMAGNESIUM _ NG (	ET	YEARL'	Y H&P	LAB	ORATORY:	
	01/21/08 R1		CBC, CI	MP, STO	OL GUIA	C EVERY 3	MONTHS 4-08
	METOPROLOL ER 50MG TAB. SR (S/F: TOPROL XL)  1 TAB BY MOUTH DAILY FOR HYPERTENSION NC(	24H	VERIF:	RED BY D UP B IED BY IED BY 'S REV	: 1352V	DATE: DATE:	6118 TIME: 14
	MULTIVITAMIN W/MINERALS TA	NAT		THIS PRES	Signature SCRIPTION W	TLL BE FILLED GER	Date: 7/28/05
1	PAROXETINE, 20MC TABLET 40 1 TAB BY MOUTH DAILY FOR U DEPRESSION	mg/	18	UNLESS FRI			BOX BELOW
	02/01/08 R1	3925674		(		nse As Written ED NEXT PA	GE
	DIAGNOSIS/ICD9 CODE  URE, COPD, AFIB,  NTHYROIDISM, VDRF	O KNOWN A	LLERGI	ALLER ES	GY		07/16/08
RESIDENT NAME	M	PHYSICIAN'S NAME ARTIN KLAI 109 HYLAN	HR (BK	070115 STAT	718- EN ISL	-447-7800 AND, NY, 1	07/06/08
	ON, MARION (771)	RLAKE-KAI	RRON-	() 1	/21/08	RESIDENT #	PAGE 1 OF 4

ORDER FORM SHORE PHARMACEUTI SILVER LAKE An Omnicare Compa RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH DATE OF ADMISSIO 06/06/30 01/21/08 130 KARRON, MARION (771) 13 D/C OTHER ORDERS MEDICATION ORDERS T3, T4, TSH EVERY 3 MONTHS 7-8 PREDNISONE 10MG TABLET 1 TAB BY MOUTH DAILY FOR COPD RESTRAINTS: UNG NOT NONE HANDMITTENS AT ALL TIMES RELEASE EVERY S 04/02/08 R13629994 HOURS X 15MINS FOR ROM AND HYGIENE PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD HAND MITTENS RELEASE EVERY 2 HOURS AND A \*\*DISSOLVE ON TONGUE OR IN MOUTH\*\* yre. NGT NEEDED FOR ROM AND HYGIENE 01/21/08 R13925688 SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* VIA NOT 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH UNA NOT 01/21/08 R13925692 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D ) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS \*\*\*(STOCK)\*\*\* NG T 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: TIME: 15MCDGALGDATE: SUBCUTANEOUSLY EVERY 12 HOURS FOR PICKED UP BY: VERIFIED BY: DATE: ONE TIME! DVT PROPHYLAXIS DATE: VERIFIED BY: 01/21/08 R13236807 NURSE'S REVIEW: TIME: OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED NO. 1 Signature TRIPLICATE REQUIRED THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM 1MG TABLET (S/F: ATIVAN 1 TAB VIANG-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY Dispense As Written TRIPLICATE REQUIRED 04/16/08 DIAGNOSIS:/ ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB. NO KNOWN ALLERGIES 07/16/08 HYPOTHYROIDISM, VDRF 07/06/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 RESIDENT NAME ADMITTED RESIDENT # PAGE KARRON, MARION (771) /21/08 2 OF 4

SILVERLAKE-KARRON-000578

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PHYSICIAN'S

ORDER FORM SHORE PHARMACEUTI An Omnicare Compa SILVER LAKE ROOM BED DATE OF BIRTH DATE OF ADMISSION RESIDENT NAME & MEDICAL RECORD # UNIT 130 06/06/30 01/21/08 KARRON, MARION (771) 1 13 OTHER ORDERS D/C MEDICATION ORDERS ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) 20ML (640MG) BY HOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 \*\*\*(STOCK)\*\*\* on NaT 01/21/08 R13236795 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/IML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056 ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN UNE NGT 01/21/08 A4584904 PREPARED BY: PICKED UP BY: TIME; W VERIFIED BY: DATE: 19/11 VERIFIED BY: NURSE'S REVIEW: 02 SAT WITH VENTILATOR MONITORING AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ETCO2 QM AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 07/16/08 HYPOTHYROIDISM, VDRF 07/06/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND,/NY, 10306 RESIDENT NAME RESIDENT # PAGE ADMITTED SILVERLAKE-KARRON-0005791/21/08

3 OF 4

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KARRON, MARION (771)

			HYPIAUEU I		SUL	Omnicare Co
ESIDENT NAME & MEDICAL RECORD #	UN	IIT ROOM	BED	DATE OF BIRTH	SEX D	ATE OF ADM
KARRON, MARION (771)	1.B	130		06/06/30 ER ORDERS	F 0:	/21/0
TRACH CARE QS AND PRN	NS		OTH	ER ORDERS		
THEORY STATE CO. PHASE LINE	4 (1)					
TRACHEAL SUCTIONING QS	AND PRN					
CHANGE INNER CANNULA	250					
QD AND PRN						
		4				
PNV WITH FAMILY ONLY						
The same parts are took at their parts have a						
RESPIRATORY: VENTILATOR SETTINGS:					water 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
VT: 500 RR: 44 16 MODE: AC FIO2: 45	2= 14.7					
MODE: AC FIO2: 45-5	55% 53 43.3					
OTHER:						2
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of Jacob by	muity!	PREPARED B'	Y: 6 1000	DATE:	Tlad	TIME
250 9 4485-09		VERIFIED B	Y:	DATE:	1/28/0	TIME
Has Blush 100 cg	4483.	VERIFIED BY	Y:	DATE:		TIME
Comin Republica Donne	2n ·	NURSE'S RE	VIEW:	and the abstract organic and modernate angula Property and a second and a second	***************************************	TIME
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	10129101	1	Signature		Date:	
	MITOTAL			VILL BE FILLED GE RITES "daw" IN THE		
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			Dispo	ense As Written		
DIAGNOSIS / ICD9 CODE		ALL	ERGY			REVIEW
P FAILURE, COPD, AFIB.	NO KNOWN AL	LERGIES			φ7	/16/
HYPOTHYROIDISM, VDRF						
					07	/06/0
		, TELEPHONE NUMBER				
	MARTIN KLAH 3109 HYLAN				0304	
IDENT NAME	per se tet 7 - 7 C L best 1121		ADMITTED		or and hel had	PAGE
KARRON, MARION (771)	ILVERLAKE-KAF	(	11/21/08	1		4 (



Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

## INTERIM PHYSICIAN'S ORDERS FORM

	SICIAN S ONDERS FORM	
PATIENT'S NAME:		ALLERGIES:
LAST KONTO	Marian Marian	NKA
FACILITY:	ROOM #:	DOCTOR'S NAME
	SLSCC 130A	to m Carthy
	ATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECES	SARY!"  NURSING PERSONNEL SIGNATURE
DATE TIME	1	Thelas.
11940958	Xy J Aday/Clast C NG tise placement	July 18/18
		Check here if AM PM faxed. Enter time.
NAME-PRINT	THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX	7/18/L SIGNATURE DATE
DATE TIME	DISPENSE AS WRITTEN	0.0
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	Apply Silvadone exam to sal	nl Exemplies
	TWS wash 9 short X14	day "
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1 \	Stool C-Dy X3	J-45/66
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Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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INTERIM PHYSICIAN S ORDERS FORM	
PATIENT'S NAME:	ALLERGIES:
LAST LAYPON FIRST MONTON MI	NG
FACILITY: ROOM #:	DOCTOR'S NAME  So Carthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NEC	I LIIOOIAIALL
8/13/01 1 The Born cartly Lee	Land gramme
8/13/01 T/2 00. mc cartly Leel Stool for C. Leff x3.	-8/B/08
	Check here if faxed. Enter time.
Wash gowit - stage !	Taxed. Effer time.
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN	SIGNATURE DATE
81508 10th 2 ye Pulmocare 1 to	SPIJS
Perature 2000 Plot c	180CC 150 811
Fleen along Ma NG	Check here if AM PM.
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN	faxed. Enter time.
8/20/08 John Breitmen out to SI	lan leer on
Dhond preswarh Bid	1
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN	SIGNATURE DATE





Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

## INITEDIA DINCIOLANIC ODDEDC FORM

INTERIM PHY	SICIAN'S ORDERS FORM	
PATIENT'S NAME:	ran EIRST Marian MI ALLERGIES: NKA	,
FACILITY:	FIRST ROOM #: DOCTOR'S NAME  SLSCE 130A DO M CAN	liy
	ATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"	NURSING PERSONNEL SIGNATURE
DATE TIME	1) Tabomicanthy > Hessa ?	) de 1/2
11	Flagel 500 kmg GT 98H-	200
	Check here if faxed. Enter time.	AM
NAME-PRINT	THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN  SIGNATURE	DATE
DATE TIME	2 Question You Polit = Box How gld war gote	ele
8/8/08/040	8	408
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DATE TIME	3) By 3/1	WOS
Sular MOV	Sherden Dressy apply to E beg with OSA twice July &	NOS)
	Check here if faxed. Enter time.	AM  PM
NAME-PRINT	THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN SIGNATURE	DATE



PHYSICI	AN'S	I AUT III		1-1-1/	AMIVIAU Y				
ORDER	FORM	SILVER LAKE	j.	SHORE PHARMACEUTI					
RESIDENT NA	ME & MEDICAL RECORD #		U	NIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISS
	RON, MARION C		1.13		130	A	06/06/30	F	01/21/0
DA		DICATION ORDERS					HER ORDERS		-0150/0
•	BLOOD PRESSUR	RE AND WTS EVERY W	EEK		DELIVER	Y DATE_	0/2) START	DATI	E0128/01
						ADVANC	E DIRECTIV	ES:	
				**[)	O NOT R	ESUSCIT	TATE**		
		01/21/08 A4584	901						
	LEVOTHYROX INI	MON	HOSPIT	AL ##DO	NOT RESUS	CITA	TEXX		
	TABLET (S/F: SYNTHROID)  1 TAB VIA NASAL GASTRIC TUBE AT  5AM FOR HYPOTHYROIDISM **SEPARATE F						DIET:		
					ULAR				
	2 HOURS FROM	CALCIUM**							
30.5	Del. 4 July 100 42 distriction of the 1990 A 1990	01/21/08 R13925	664				CTIVITIES:		
		CL 40MG TABLET SAL GASTRIC TUBE		AS	TOLERAT	ED			
		RS FOR DEPRESSION				-	THERAPY:		
			/	PT	ANNUAL	3-9			
			/						
	RISPERIDONE (	07/16/08 R13982	930	OT	ANNUAL	3-9			
		3. SING TABLET SAL GASTRIC TUBE A	ST. ANNUAL 3-9						
	BEDTIME FOR E		``						
	CHECK & RECOR	RD ORTHOSTATIC BP	/			FLOO	OR PROGRAMS	:	
	WEEKLY	<i>V</i>					LOWER EXT	REMIT	TIES .
	LEVOTHVDOYTM	07/02/08 R13927 E SODIUM 25MCG TAB		5-6	EPS EVE	RY SHII	- 1		
1	(S/F: SYNTHRO		landa I			16	ABORATORY:		
		SAL GASTRIC TUBE		YEA	RLY H&P				
	and the state of t	FOR HYPOTHYROIDIS							
	**SEPARATE 2	HOURS FROM CALCIU		CBC	, CMP, ST	OOL GU:	FAC EVERY 3	MONT	THS 4-08
	MAGNESIUM OX	01/21/08 R13925660 MAGNESIUM OXIDE 400MG TABLET							73
	1 TAB VIA NAS	SAL GASTRIC TUBE		PRE	PARED B	Y:(	DATE	-/	TIME:
	DAILY FOR HYP	POMAGNESIUM			KED UP	and an annual	Adhraging fishensielden	Advance and applying	OXTIME:
				IFIED B	· · · · · · · · · · · · · · · · · · ·	DATE	rog/scome-streets	- · · · · · · · · · · · · · · · · · · ·	
		01/21/08 R13798	714		IFIED B	PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	DATE		TIME:
	METOPROLOL E	R SOME TAB. SR 24H	7 1 ()	147317		V .L			_ LINE.
	(S/F: TOPROL	XL.)							
		SAL GASTRIC TUBE				7		Date:	5/25/31
	DAILY FOR HYP	-EKIENSIUM	1		X	Signature			1
		01/21/08 R13798	717				WILL BE FILLED GEN VRITES "daw" IN THE		
	MULTIVIT/MINI	ERALS (CERTAVITE)							
	LIQUID								
		AL GASTRIC TUBE DA		,					
	TEAR	NAL SUPPLEMENT SKI	ital			Disp	ense As Written		
		07/30/08 R14840	20/4)			CONTIN	NUED NEXT PA	4GE	
In harder were	DIAGNOSIS / ICD9 COD	91			ALLE	RGY			REVIEW DATE
17.	ILURE, COPD, AFII		NWU	ALLE	RGIES			(C)	13/0E
) 1717	OTHYROIDISM, VDRF							9/	12/08
								0	8/04/08
-					PHONE NUMBE				
_							18-447-7800	0001	
RESIDENT NAM	ME.	3107	[ ] [ [f-]	ICT 1.1		ADMITTE	BLAND, NY, 1  ED RESIDENT #	. 0.306	PAGE
		at the contract of the contrac							

PHYSICI	AN'5	1701.11			MINIMOI						
ORDER	FORM	BIEVER LAKE	SIEVER LAKE			SHORE PHARMACEUTI			Au Omeleare Con		
RESIDENT NA	ME & MEDICAL RECORD #			JNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMIS		
KAI	RRON, MARION (	771)	1 1	3	130	Α	06/06/30	F	01/21/0		
D/C		EDICATION ORDERS				OTH	HER ORDERS				
	PREDNISONE 1 1 TAB VIA NA DAILY FOR CO	SAL GASTRIC TUBE		T3,			MONTHS 7-	·8	,		
	1 TAB VIA NA DAILY FOR GE TONGUE OR IN	01/21/08 R13925 F WASAL GASTRIC TUBE	DR	NEI	EDED FOR	ROM AN	EASE EVERY ID HYGIENE  A 9/10/0				
	***(STOCK)**  VITAMIN B-1	01/21/08 R13236 (THIAMINE) 100MG	699								
	TABLET (S/F: 1 TAB VIA NA DAILY FOR ET	ASAL GASTRIC TUBE	/								
	CITRACAL PET 2 TABS VIA N	01/21/08 R13925 IUM 200MG TABLET (S FITES + VIT D ) MASAL GASTRIC TUBE FOR DSTEOPOROSIS	-								
	***(STOCK)**  HEPARIN SOD: INJECT 1ML	03/07/08 R13462 IUM 5000 UNITS/ML V 5000UNITS) BLY EVERY 12 HOURS	IAL	PIC	EPARED B CKED UP RIFIED B RIFIED B	BY: In Y: Th	DATE	877	TIME:		
	(S/F: PERCO	ASAL GASTRIC TUBE RES AS NEEDED REQUIRED	T	NUI	THIS PRI	Van/ Signature	WILL BE FILLED GE	Date:_	TIME:		
	Questran 8028 9 H20 6) Losma 1	9123/08 R13242 49m Tracket 1 912/25 gme VC	n	_	UNLESS PF		VRITES "daw" IN THI	3 BOX E	BELOW		
	DIAGNOSIS/ICD9 CO ILURE, COPD, AFI POTHYROIDISM, V	B, NO KN	IOWN	ALLI	ALLE ERGIES	RGY			08/04/0		
RESIDENT NAM	ΛΕ	MARTI	N KL	AHR	LVD2, ST	157) 71	8-447-7800 LAND, NY,		)6 PAGE		
						144119 1 1 700	tur .				

SILVERLAKE-KARRON-000585 SILVERLAKE-KARRON-00058 SILVERLAKE-KARRON-00058 SILVERLAKE-KARRON-00058 SILVERLAKE-KARRON-00058

ORDER F	ORM SILVER L	AKE		SHORE PH	ARMACEU	TI	Par.	An destroom Comp
RESIDENT NAM	E & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISS
	RON, MARION (771)		1 B	130	Α	06/06/30	F	01/21/0
D/C	MEDICATION ORDERS		3. 1.3	4. 5.2 5.7		IER ORDERS		V17617V
	CRUSH AND GIVE 1 TAB VIA EVERY 6 HOURS AS NEEDED (MDD=4) TRIPLICATE REQUIRED		AN					
	O7/09/08  ACETAMINOPHEN 160MG/5ML (S/F: ZZ-TYLENOL)  20ML (640MG) BY MOUTH EV HOURS AS NEEDED FOR PAIN >100.5 ***(STOCK)***  O1/21/08  APPLY BACITRACIN DINTMEN TEAR ON RIGHT LEG WITH D STERILE DRESSING TWICE D	ELIXIR PERY 4 FOR TEMP R1323479 TO SKI	75					
08/14/08	07/04/08 SILVER SULFADIAZINE 1% 0 (S/F: SILVADENE)	REAM						
	APPLY CREAM TO SACRAL EX AFTER NORMAL SALINE WASH SHIFT FOR 14 DAYS 07/31/08	I EVERY						
	FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY NEEDED IF NO BOWEL MOVEM ***(STOCK)***	IENT(S)	VE	REPARED B CCKED UP ERIFIED B ERIFIED B	Y: 270	DATE  DATE  DATE  DATE	:5/	TIME TIME:
	1PRATROPIUM BROM (62, 5ML	The same of the sa	J4 NC	Mar.a Kr	ATEM:		***************************************	TIME:
	O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZE HOURS FOR COPD		4	This pp	Signature	VILL BE FILLED GE	Date:_	8/20/08
	01/23/08 ALBUTEROL O. 083% (75ML/8 O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZE HOURS AS NEEDED FOR WHEE	ER EVERY			RESCRIBER W	PRITES "daw" IN THE		
	DIAGNOSIS / ICD9 CODE LURE, COPD, AFIB, DTHYROIDISM, VDRF	NO KNO	N ALL		RGY			08/13/06
		MARTIN	KLAHF		157) 71	ER 8-447-7800 LAND, NY,		08/04/08
RESIDENT NAME	RON. MARION (771)				ADMITTE			PAGE

ORDER I	-ORM	SILVER L	_AKE		SHORE PH	ARMACEU	TI	7/15	An Laudaur Compo
RESIDENT NAM	ME & MEDICAL RECORD #			UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
	RON, MARION (			1.3	130	Α	06/06/30	F	01/21/08
D/C		DICATION ORDERS				OTI	IER ORDERS		
	PROSTAT 101 MOUTH THREE HYPOALBUMIN  GTUBE FEEDS 250ML Q4H WI DF 100ML Q4H PUMP AT 75ML TOTAL CALORI TOTAL ML:	O1/21/08 OF <del>PULMOCARI</del> TH H2O FLUSH -ON-ENTERAL  HR (S) ES:	FOR 3 <u>445849</u>	04	aity 36600				
	POSITION SEM REASON: NUTR		PORT						
	Selvade to D Le Wash	07/28/08 ne co d g b 10 p	3 A4B434 Lesser MS	45					
	02 SAT WITH	VENTILATOR							
	MONITORING A	ND PRN	/						
	ETCO2 QM AND	PRN	/	VE	EPARED E CKED UP RIFIED E RIFIED E RSE'S RE	Y: 700	DATE  DATE  DATE  DATE	:32	TIME: TIME: TIME: TIME: TIME:
	TRACH CARE 0	S AND PRN		.,,,,	1 Van dens Jan 1 V An	W the Arm VV .		######################################	1 of 1 ( done
				/ -	THIS PR	Signature ESCRIPTION V	VILL BE FILLED GE	Date:_ NERICA	8728}}
	TRACHEAL SUC		AND PRIN	8	UNLESS P		RITES "daw" IN THE	Е ВОХ В	ELOW
	DIAGNOSIS/ICD9 CO LURE, COPD, AFI OTHYROIDISM, V	В,	NO KNO	WN ALL		ERGY			REVIEW DATE 08/13/08 \$)26/57
			MARTIN	KLAHR		157) 71	<sub>ER</sub> 8-447-7800 LAND, NY,		08/04/08 6
RESIDENT NAM	E RDN, MARION (	SILV	/ERLAKE	-KARR	ON-00058	ADMITTE 01/21/0			PAGE 4 OF

ORDER FORM SILVE			E	SHORE PH	ARMACEUT1		31 - 1 201.	An Curdionre Con-
RESIDENT NAI	ME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISS
KAF	RON, MARION (7	71)	13	130	A C	06/06/30	F	01/21/0
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### INTERIM PHYSICIAN'S ORDERS FORM

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## INTERIM PHYSICIAN'S ORDERS FORM

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### INTERIM PHYSICIAN'S ORDERS FORM

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FACILITY PHARMACY PHYSICIAN'S ORDER FORM SIL FER LAKE SHORE PHANMACEUTI An Omnicare Con DATE OF BIRTH RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED SEX DATE OF ADMISS 06/06/30 KARRON, MARION (771) 1.3 130 A 01/21/0 MEDICATION ORDERS OTHER ORDERS BLOOD PRESSURE AND WTS EVERY WEEK DELIVERY DATE ADVANCE DIRECTIVES: \*\*DO NOT RESUSCITATE\*\* 01/21/08 A4584901 LEVOTHYROXINE SODIUM 150MCG NON HOSPITAL \*\*DO NOT RESUSCITATE\*\* TABLET (S/F: SYNTHROID) 1 TAB VIA NASAL GASTRIC TUBE AT DIET: SAM FOR HYPOTHYROIDISM \*\*SEPARATE REGULAR 2 HOURS FROM CALCIUM\*\* 01/21/08 R13925664 ACTIVITIES: PAROXETINE HCL 40MG TABLET AS TOLERATED 1 TAB VIA WASAL GASTRIC TUBE EVERY 24 HOURS FOR DEPRESSION THERAPY: PT ANNUAL 3-9 07/16/08 R13982930 OT ANNUAL 3-9 RISPERIDONE O. 5MG TABLET 1 TAB VIA NASAD GASTRIC TUBE AT ST. ANNUAL 3-9 BEDTIME FOR PSYCHOSIS CHECK & RECORD ORTHOSTATIC BP FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 07/02/08 R13927473 5-REPS EVERY SHIFT LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) LABORATORY: 1 TAB VIA NASAL GASTRIC TUBE YEARLY H&P DUE 1-9 DAILY AT SAM FOR HYPOTHYROIDISM \*\*SEPARATE 2 HOURS FROM CALCIUM\*\* CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 01/21/08 R13925660/ MAGNESIUM OXIDE 400MG TABLET 1 TAB VIA -NASAC GASTRIC TUBE PREPARED BY: DATE: DAILY FOR HYPOMAGNESIUM PICKED UP BY: DATE: 9/20 VERIFIED BY: DATEP/20 TIMELY VERIFIED BY: DATE: 01/21/08 R13798716 NURSE'S REVIEW: METOPROLOL ER SOMG TAB SR 24H (S/F: TOPROL XL) 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR HYPERTENSION Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13798717 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW MULTIVIT/MINERALS (CERTAVITE) 15ML VIA MASAL GASTRIC TUBE DAILY FOR NUTRITIONAL SUPPLEMENT SKIN Dispense As Written 07/30/08 R14040944 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE NO KNOWN ALLERGIES

RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF 9/22/08

09/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, MY, 10306

FACILITY PHARMACY PHYSICIAN'S SHORE PHANMACEUTI ORDER FORM SILVER LAKE An Omnicare Com RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS 01/21/0 KARRON, MARION (771) 1 B 130 A 06/06/30 OTHER ORDERS MEDICATION ORDERS D/C T3, T4, TSH EVERY 3 MONTHS 2-8 PREDNISONE 10MG TABLET 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR COPD RESTRAINTS: MONE HAND MITTENS RELEASE EVERY 2 HOURS AND 04/02/08 R13629994 PREVACID SOLUTAB 30MG TAB LIN DR NEEDED FOR ROM AND HYGIENE 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR GERD \*\*DISSOLVE ON TONGUE OR IN MOUTH\*\* 01/21/08 R13925688 SENNA TABLET 2 TABS VIA WASAL GASTRIC TUBE DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB VIA -NASAL GASTRIC TUBE DAILY FOR ETOH 01/21/08 R13925692 CHOLESTYRAMINE 4GM PACKET (5/F: QUESTRAN) 1 PACKET MIX WITH 80Z OF WATER VIA G-TUBE EVERY 12 HOURS 08/08/08 R14080900 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D ) PREPARED BY: DATE: 2 TABS VIA NASAL GASTRIC TUBE PICKED UP BY: C DATE: G/DO TIME 3-TWICE DAILY FOR OSTEOPOROSIS VERIFIED BY: DATE: \*\*\*(STOCK)\*\*\* VERIFIED BY: DATE: TIME: 03/07/08 R13462807 NURSE'S REVIEW: HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236807 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB VIA NASAL GASTRIC TUBE

EVERY 8 HOURS AS NEEDED TRIPLICATE REQUIRED

01/23/08 R13242568

Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAÍLURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

ALLERGY

REVIEW DATE 09/10/08

09/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

FACILITY. PHARMACY PHYSICIAN'S **ORDER FORM** SIL-ER LAKE SHORE PHARMACEUTI DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # DATE OF BIRTH UNIT ROOM BED KARRON, MARION (771) 13 130 A 06/06/30 01/21/0 MEDICATION ORDERS OTHER ORDERS D/C DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) CRUSH AND GIVE 1 TAB VIA G-TUBE EVERY 8 HOURS AS NEEDED (MDD=3) \*\* CAUTION - APAP MAX DOSE 4GM/24HRS TRIPLICATE REGUIRED Backopan topical to pej & go 08/20/08 R14128594 LORAZEPAM 1MG TABLET (S/F: ATIVAN CRUSH AND GIVE 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED (MDD=4)TRIPLICATE REQUIRED fateten / punIVPB g/20 days 9/22/08 07/09/08 R13954595 ACETAMINOPHEN 160MG/5ML, ELIXIR peg Jube (S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 \*\*\*(STOCK)\*\*\* 01/21/08 R13236795 APPLY BACITRACIN DINTMENT TO SKIN TEAR ON RIGHT LEG WITH DRY PREPARED BY: DATE: STERILE DRESSING TWICE DAILY DATE: PICKED UP BY VERIFIED BY: DATE VERIFIED BY: DATE: 07/04/08 A4812544 NURSE'S REVIEW: SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) APPLY TO LEFT LEG WITH NORMAL SALINE CLEANSE TWICE DAILY Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 08/12/08 R14091468 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-II

Dispense As Written

PAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

08/14/08 R14106603

REVIEW DATE 09/10/08

09/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

RESIDENT NAME & MEDICAL RECORD #

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KARRON, MARION (771) 1 B 130 06/06/30 01/21/08 OTHER ORDERS MEDICATION ORDERS D/C FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R14016764 ALBUTEROL O. 083% (75ML/BOX) O. B3MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13990649 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN 01/21/08 A4584904 GTUBE FEEDS OF PERATIVE 250ML Q4HCWITH H20 FLUSH OF 150ML' G4H-ON ENTERAL PUMP AT PSML/HR 65 Cyph, TOTAL CALORIES: TOTAL ML: POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT PREPARED BY: DATE: DATE: 9 PICKED UP BY:( DATE: 2/24 TIME VERIFIED BY: -VERIFIED BY: DATE: 08/15/08 A4843445 NURSE'S REVIEW: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW MONITORING JAND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 09/10/08 HYPOTHYROIDISM, VDRF 09/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

RESIDENT NAME
KARRON, MARION (771)

ADMITTED

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

MARTIN KLAHR (BK0701157) 718-447-7800

RESIDENT #

PAGE 4 OF

PHARMACY FACILITY PHYSICIAN'S SHORE PHANMACEUTI SILVER LAKE **ORDER FORM** An Omnicare Con RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH DATE OF ADMISS KARRON, MARION (771) 1 B 130 A 06/06/30 01/21/0 OTHER ORDERS MEDICATION ORDERS D/C ETCO2 QM AND PRN TRACH CARE QS AND PRN TRACHEAL SUCTIONING OS AND PRN CHANGE INNER CANNULA OD AND PRN PNV WITH FAMILY ONLY RESPIRATORY: VENTILATOR SETTINGS: DATE: PREPARED BY: VT: \_500\_\_ RR: \_16\_\_ PICKED UP BY: DATE: DATE: 2 MODE: AC FIO2: 35-45% VERIFIED BY: OTHER: VERIFIED BY: TIME: / NURSE'S REVIEW: CRC, CM Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 09/10/08 HYPOTHYROIDISM, VDRF 09/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

SILVERLAKE-KARRON-000600 01/21/08

RESIDENT NAME

KARRON, MARION (771)

RESIDENT #

ADMITTED

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SILVER LAKE VENT

**FACILITY** 

SHORE PHARMACEUTI

PHARMACY

An Omnicare Com

ROOM BED DATE OF BIRTH SEX DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # UNIT KARRON, MARION (363) IBV 06/06/30 130 MEDICATION ORDERS OTHER ORDERS DELIVERY DATE 10/2 - START DATE BLOOD PRESSURE AND WTS EVERY WEEK ADVANCE DIRECTIVES: \*\*DO NOT RESUSCITATE\*\* 01/21/08 A4916101 PAROXETINE HCL 40MG TABLET (S/F: NON HOSPITAL \*\*DO NOT RESUSCITATE\*\* PAXIL) 1 TAB CRUSH AND GIVE VIA MASAL DIET: GASTRIC TUBE EVERY 24 HOURS FOR REGULAR DEPRESSION 10/02/08 R14296014 ACTIVITIES: RISPERIDONE O. 5MG TABLET (S/F: AS TOLERATED RISPERDAL) 1 TAB CRUSH AND GIVE VIA WASAL THERAPY: GASTRIC TUBE AT BEDTIME FOR PT ANNUAL 3-9 PSYCHOSIS CHECK & RECORD ORTHOSTATIC BP OT ANNUAL 3-9 WEEKLY ST. ANNUAL 3-9 Arvan Ing maglT FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 10/02/08 R14296015 5-REPS EVERY SHIFT LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID) LABS: 1 TAB CRUSH AND GIVE VIA NASAL YEARLY H&P DUE 1-9 GASTRIC TUBE DAILY AT 5AM FOR HYPOTHYROIDISM \*\*SEPARATE 2 HOURS CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 FROM CALCIUM\*\* 10/02/08 R14296012 LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) PREPARED BY: DATE: 1 TAB CRUSH AND GIVE NASAL PICKED UP BY: DATE: /// DATE: NIZ TIME! GASTRIC TUBE DAILY AT SAM FOR VERIFIED BY: VERIFIED BY: HYPOTHYROIDISM \*\*SEPARATE 2 HOURS DATE: \_ TIME: NURSE'S REVIEW: FROM CALCIUM\*\* 10/02/08 R14296019 MAGNESIUM OXIDE 400MG TABLET 1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE DAILY FOR HYPOMAGNESIUM Signature PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296021 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW MULTIVIT/MINERALS (CERTAVITE) 15 MLS VIA NASAL GASTRIC TUBE DAILY FOR NUTRITIONAL SUPPLEMENT Dispense As Written SKIN TEAR \*\*\*(STOCK) \*\*\* 10/02/08 R14296023 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 10/20/08 HYPOTHYROIDISM, VDRF 10/04/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

FACILITY PHARMACY PHYSICIAN'S **ORDER FORM** BILVER LAKE VENT SHORE PHANMACEUTI An Omnicare Com RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (363) 1BV130 06/06/30 10/02/0 D/C MEDICATION ORDERS OTHER ORDERS PREDNISONE 10MG TABLET 10/08 T3, T4, TSH EVERY 3 MONTHS 7-8 1 TAB CRUSH AND GIVE VIA G-TUBE DAILY FOR COPD RESTRAINTS: NONE HAND MITTENS RELEASE EVERY 2 HOURS AND 10/02/08 R14296025 PREVACID SOLUTAB 30MG TAB LIN DR NEEDED FOR ROM AND HYGIENE 1 TAB VIA G-TUBE DAILY FOR GERD \*\*DISSOLVE ON TONGUE OR IN MOUTH\*\* 10/02/08 R14296028 SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* 10/02/08 R14296029 VITAMIN B-1 (THIAMINE) 100MG TABLET 1 TAB VIA G-TUBE DAILY FOR ETOH 10/02/08 R14296030 CHOLESTYRAMINE 4GM PACKET MIX 1 PACKET IN 8-02 OF WATER THEN GIVE VIA G-TUBE EVERY 12 HOURS 10/02/08 R14300208 CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR DATE: PREPARED BY: TIME: OSTEOPOROSIS \*\*\*(STOCK)\*\*\* PICKED UP BY: DATE: VERIFIED BY: DATE:/U TIMEET VERIFIED BY: DATE: TIME: 10/02/08 R14296033 NURSE'S REVIEW: TIME: HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000 UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296034 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW METOPROLOL SONG TABLET 2500 1 TAB CRUSH AND SIVE VIA G-TUBE EVERY 12 HOURS FOR PREERTENSION Dispense As Written 10/02/08 R14296035 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 10/20/08 HYPOTHYROIDISM, VDRF

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

10/04/08

THUILIY PHARMACY PHYSICIAN'S ORDER FORM SILVER LAKE VENT SHORE PHARMACEUTI An Omnicare Con RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMIS KARRON, MARION (363) 187 06/06/30 130 10/02/0 OTHER ORDERS D/C MEDICATION ORDERS METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA MARKET GASTRIC TUBE EVERY 12 HOURS 10/02/08 R14296037 MYLANTA GENERIC LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ABCESS EVERY SHIFT \*\*\*(STOCK)\*\*\* 10/02/08 R14296038 ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 \*\*\*(STOCK)\*\*\* \*\* CAUTION -APAP MAX DOSE 4GM/24HRS \*\* 10/02/08 R14296040 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 10/02/08 R14301595 ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 10/02/08 R14296047 PROSTAT 101 30ML IN 30ML WATER DY MOUTH THREE TIMES DAILY FOR PREPARED BY: DATE: TIME: HYPOALBUMIN VAR G- 7 DATE: /L PICKED UP BY; VERIFIED BY: DATE: /C TIME: VERIFIED BY: DATE: TIME: 01/21/08 A4916106 NURSE'S REVIEW: TIME: GTUBE FEEDS OF PERATIVE 250ML GOH WITH H20 FLUSH OF 150ML GH ON ENTERAL PUMP AT 95ML/HR Signature TOTAL CALORIES: THIS PRESCRIPTION WILL BE FILLED GENERICALLY TOTAL ML: 1600 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT Dispense As Written 08/15/08 A4916108 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE

RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

10/20/08

10/20/00

10/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

FAUIL IT PHARMACY PHI DICIAN 3 ORDER FORM SILVER LAKE VENT | SHORE PHARMACEUTI An Omnicare Con RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH DATE OF ADMISS KARRON, MARION (363) 1BV 130 06/06/30 10/02/0 D/C MEDICATION ORDERS OTHER ORDERS APPLY BACITRACIN DINTMENT TO SKIN TEAR ON RIGHT LEG WITH DRY STERILE DRESSING FWICE DAILY 07/04/08 A4916102 MUPIROCIN 2% DINT (GM) (S/F: BACTROBAN) APPLY TOPICAL TO AFFECTED AREA(S) EVERY SHIFT 10/02/08 R14296041 SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-2 10/02/08 R14300187 FLEET 19G-7G/118 ENEMA INSERT 1-ENEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* 10/02/08 R14296044 D2 SAT WITH VENTILATOR PREPARED BY: DATE: TIME MONITORING AND PRN PICKED UP BY DATE: VERIFIED BY: 1 DATE: 10 VERIFIED BY: DATE: TIME: NURSE'S REVIEW: TIME: ETCO2 QM AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW TRACH CARE QS AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 10/20/08 HYPOTHYROIDISM, VDRF 10/04/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

RESIDENT #

PAGE

SILVERLAKE-KARRON-00060610/02/08

FACILITY PHARMACY PHYSICIAN'S **ORDER FORM** SILVER LAKE VENT SHORE PHARMACEUTI An Omnicare Con SEX DATE OF ADMIS RESIDENT NAME & MEDICAL RECORD # ROOM BED DATE OF BIRTH KARRON, MARION (363) 1BV F 10/02/0 130 06/06/30 OTHER ORDERS D/C MEDICATION ORDERS TRACHEAL SUCTIONING QS AND PRN osopharynjal suction gohiff CHANGE INNER CANNULA QD AND PRN PMV WITH FAMILY ONLY RESPIRATORY: VENTILATOR SETTINGS: VT: \_500\_\_ RR: \_16\_\_ MODE: AC FIO2: 35-45% OTHER: T3, T4 T3/ Pereocet 5/325 Ttab 98hrs PREPARED BY: DATE: TIME: PICKED UP BY: DATE: WOO TIME: VERIFIED BY: 7 LO DATE:10/23 TIME! VERIFIED BY: DATE: TIME: Apply mystatin cream to groin Rash NURSE'S REVIEW: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Avelox 400mg IVB 9d x lodge Receptione Tgm IVPB 924mx 10 days Dispense As Written

ALLERGY

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

10/20/08

REVIEW DATE

10/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306



Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PH	YSICIAN'S ORDERS	FORM		
PATIENT'S NAME:			ALLERGIES:	
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Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"	NURSING PERSONNE SIGNATURI
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FACILITY

SILVER LAKE VENT | SHORE PHARMACEUTI

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RESIDENT NAME & MEDICAL RECORD #			UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSI
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	EVERY 24 HOURS FOR DEPRESSION		FLOOR PROGRAMS:					
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	10/02/08 R14370648			5-REPS EVERY SHIFT				
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						8-447-7800		
	3109	HYLA	AN BL	VD2, ST	ATEN IS	LAND, NY, 1	030	6

**ORDER FORM** SILVER LAKE VENT SHORE PHAKMACEUTI RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS 06/06/30 KARRON, MARION (363) 1BV 130 10/02/0 OTHER ORDERS D/C MEDICATION ORDERS MULTIVIT/MINERALS (CERTAVITE) T3, T4, TSH EVERY 3 MONTHS 10 LIQUID 15 MLS VIA G-TUBE DAILY FOR RESTRAINTS: NUTRITIONAL SUPPLEMENT SKIN TEAR NONE \*\*\*(STOCK) \*\*\* 10/02/08 R14296023 PREDNISONE 10MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE DAILY FOR COPD 10/02/08 R14334255 PREVACID SOLUTAB 30MG TAB RAP DR (S/F: PREVACID SOLUTAB) 1 TAB VIA G-TUBE DAILY FOR GERD \*\*DISSOLVE ON TONGUE OR IN MOUTH\*\* 10/02/08 R14370411 SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* 10/02/08 R14296029 VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETOH 10/02/08 R14370417 CHOLESTYRAMINE 4GM PACKET MIX 1 PACKET IN BOOZ OF WATER PREPARED BY: DATE: THEN GIVE VIA TUBE EVERY 12 PICKED UP BY: DATE: TIME:3 HOURS VERIFIED BY: DATE: TIME VERIFIED BY: & TIME 10/02/08 R14300208 NURSE'S REVIEW: TIME: CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR OSTEOPOROSIS \*\*\*(STOCK)\*\*\* Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296033 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT IML (5000 UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS Dispense As Written 10/02/08 R14404307 REVIEW DATE DIAGNOSIS / ICD9 CODE ALLERGY RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 11/17/08 HYPOTHYROIDISM, VDRF 11/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 RESIDENT # RESIDENT NAME ADMITTED PAGE SILVERLAKE-KARRON-00061210/02/08

PHARMACY

FACILITY

PHYSICIAN'S

KARRON, MARION (363)

FACILITY PHARMACY PHYSICIAN'S ORDER FORM SILVER LAKE VENT SHORE PHAKMACEUTI An Cannicare Con RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED SEX DATE OF ADMISS KARRON, MARION (363) 06/06/30 F 10/02/0 1BV 130 OTHER ORDERS D/C MEDICATION ORDERS METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 12 HOURS 10/02/08 R14370394 MYLANTA GENERIC LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ABCESS EVERY SHIFT \*\*\*(STOCK)\*\*\* 10/02/08 R14296038 NYSTATIN 100Q00/G CREAM(GM) APPLY TO GROIN SETER CLEANSING WITH NORMAL SALINE EVERY SHIFT 10/13/08 R14337520 DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB VIA G-TUBE EVERY 8 HOURS \*\* CAUTION - APAP MAX DOSE 40M/24HRS TRIPLICATE REQUIRED 10/08/08 R14320348 ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY PREPARED BY: DATE: 4 HOURS AS NEEDED FOR PAIN OR PICKED UP BY: DATE: TEMP >100.5 \*\*\*(STOCK)\*\*\* \*\* VERIFIED BY: DATE: TIME: C CAUTION - APAP MAX DOSE 4GM/24HRS VERIFIED BY: TIME) -10/02/08 R14296040 NURSE'S REVIEW: TIME: IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14301595 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING

10/02/08 R14354813

Dispense As Written

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

ALLERGY REVIEW DATE 11/17/08

11/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

FACILITY PHARMACY PHYSICIAN'S **ORDER FORM** SILVER LAKE VENT | SHORE PHARMACEUTI RESIDENT NAME & MEDICAL RECORD # DATE OF BIRTH UNIT ROOM BED SEX DATE OF ADMISS 1BV 06/06/30 F 10/02/0 KARRON, MARION (363) 130 MEDICATION ORDERS OTHER ORDERS PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN 01/21/08 A4916106 GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H20 FLUSH DF 150ML Q4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 2400 ml POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT 08/15/08 A4916108 APPLY BACITRACIN DINTMENT TO SKIN TEAR ON RIGHT LES WITH DRY STERILE DRESSING TWICE DAILY 07/04/08 A4916102 CLEANSE G-TUBE SIJE WITH NORMAL SALINE EVERY SHIFT 10/20/08 A4938455 SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) PREPARED BY DATE: AFTER NORMAL SALINE WASH APPLY TO PICKED UP BY DATE: TIME: SACRUM EVERY SHIFT FOR STG-2 VERIFIED BY: DATE: TIME: VERIFIED BY: 10/02/08 R14300187 NURSE'S REVIEW: TIME: FLEET 19G-7G/118 ENEMA INSERT 1-ENEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296044 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 11/17/08 HYPOTHYROIDISM, VDRF 11/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

RESIDENT #

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FACILITY. PHARMACY PHYSICIAN'S ORDER FORM SILVER LAKE VENT SHORE PHARMACEUTI RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMIS: F 10/02/0 KARRON, MARION (363) 1BV 130 06/06/30 OTHER ORDERS D/C MEDICATION ORDERS D2 SAT WITH VENTILATOR MONITORING AND PRN ETCO2 QM AND PRN TRACH CARE QS AND PRN TRACHEAL SUCTIONING QS AND PRN CHANGE INNER CANNULA OD AND PRN PNY WITH FAMILY DNLY PREPARED BY: DATE: DATE: H PICKED UP BY: \_ DATE: VERIFIED BY: VERIFIED BY: TIME: TIME: NURSE'S REVIEW: RESPIRATORY: VENTILATOR SETTINGS: VT: \_500\_\_ RR: \_16\_\_ MODE: \_AC \_\_\_ FIO2: \_35-45% Signature\_ OTHER: THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ORAL PHARANGEAL SUCTIONING QS AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE

RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF NO KNOWN ALLERGIES

11/17/08

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PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306



Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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SHORE PHARMACEUTI ORDER FORM SILVER LAKE VENT RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISSIO KARRON, MARION (363) 06/06/30 10/02/08 1BV 130 A OBDERS MEDICATION ORDERS OTHER BLOOD PRESSURE AND WTS EVERY WEEK DELIVERY DATE START ADVANCE DIRECTIVES: \*\*DO NOT RESUSCITATE\*\* 01/21/08 A4916101 LEVOTHYROXINE SODIUM 200MCG NON HOSPITAL \*\*DO NOT RESUSCITATE\*\* TABLET (S/F: SYNTHROID) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 24 HOURS \*\*SEPARATE 2 HOURS FROM CALCIUM## 10/24/08 R14383477 ACTIVITIES: PAROXETINE HCL 40MG TABLET (S/F: AS TOLERATED PAXIL) 1 TAB CRUSH AND GIVE VIA G-TUBE THERAPY: EVERY 24 HOURS FOR DEPRESSION PT ANNUAL 3-9 10/02/08 R14370648 OT ANNUAL 3-9 RISPERIDONE O. SMG TABLET (S/F: G-Tube RISPERDAL) ST. ANNUAL 3-9 1 TAB CRUSH AND GIVE VIA WASAL CASTRIG TUBE AT BEDTIME FOR FLOOR PROGRAMS: PSYCHOSIS PROM TO UPPER AND LOWER EXTREMITIES CHECK & RECORD ORTHOSTATIC BP 5-REPS EVERY SHIFT LABS: YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 10/02/08 R14355083 MAGNESIUM OXIDE 400MG TABLET 1 TAB CRUSH AND GIVE VIA NASAL PREPARED BY: G-tupe PICKED UP BY: humcouldate: 7 CASTRIC TUBE DAILY FOR TIME/A HYPOMAGNESIUM VERIFIED BY: \_\_ M DATE: 13/ VERIFIED BY: DATE: 10/02/08 R14370669 NURSE'S REVIEW: MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS VIA G-TUBE DAILY FOR V NUTRITIONAL SUPPLEMENT SKIN TEAR \*\*\* (STOCK) \*\*\* Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296023 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PREDNISONE 10Mg TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE DAILY FOR COPD Dispense As Written 10/02/08 R14334255 CONTINUED NEXT PAGE PIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB; ALLERGY REVIEW DATE NO KNOWN ALLERGIES 12/15/08 HYPOTHYROIDISM, VDRF 12/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE KARRON, MARION (36g) SILVERLAKE-KARRON-000620 1 OF -

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SHORE PHA. JACEUTI BIL, ER LAKE VENT ORDER FORM RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISSI KARRON, MARION (363) 1BV 4 06/06/30 10/02/08 130 MEDICATION ORDERS D/6 OTHER ORDERS PREVACID SOLUTAB 30MG TAB RAP DR T3, T4, TSH EVERY 3 MONTHS 1-9 (S/F: PREVACID SOLUTAB) 1 TAB VIA G-TUBE DAILY FOR GERD RESTRAINTS: \*\*DISSOLVE SN TONOUE OR IN MONE 10/02/08 R14370411 SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* 10/02/08 R14296029 VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETOH . 10/02/08 R14370417 CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR OSTEOPOROSIS \*\*\*(STOCK) \*\*\* 10/02/08 R14296033 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT IML (5000 UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DYT PROPHYLAXIS 10/02/08 R14404307 METOPROLOL 25Mg TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE PREPARED BY: EVERY 12 HOURS FOR HYPERTENSION PICKED UP BY: DINCOMACODATE: 13 my DATE: 12/18 VERIFIED BY: TIME: M lade VERIFIED BY: DATE: 12/18 TIME: 10 10/02/08 R14370394 NURSE'S REVIEW: MYLANTA GENERIC LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ABCESS EVERY SHIFT \*\*\* (STOCK) \*\*\* Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296038 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written RESP FAILURE, COPD, AFIB, ALLERGY REVIEW DATE NO KNOWN ALLERGIES 12/15/08 HYPOTHYROIDISM, VDRF 12/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD:, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE KARRON, MARION (363)

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SHORE PHA. MACEUTI ORDER FORM SIL, ER LAKE VENT DATE OF BIRTH SEX DATE OF ADMISSI RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED F 10/02/08 1BV 130 A 06/06/30 KARRON, MARION (363) OTHER ORDERS D/C MEDICATION ORDERS DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 8 HOURS AS NEEDED \*\* V CAUTION - APAP MAX DOSE 49M/24HRS TRIPLICATE REQUIRED 11/24/08 R14504294 ACETAMINOPHEN 160MG/SML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 \*\*\* (STOCK) \*\*\* \*\* V CAUTION - APAP MAX DOSE 4GM/24HRS 10/02/08 R14296040 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/IML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 10/02/08 R14301595 ALBUTEROL O. 083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA MEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 10/02/08 R14354813 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR DATE: PREPARED BY: HYPOALBUMIN Ung Hich PICKED UP BY: BMCCMCODATE: 1260 TIME:3 MA DATE: 1018 VERIFIED BY: TIME: 0 Migathas VERIFIED BY: DATE: DIIK NURSE'S REVIEW: 01/21/08 A4916106 TIME: GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H20 FLUSH OF 150ML Q4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY TOTAL ML: 2400ML UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT Dispense As Written 11/17/08 A4916108 DIAGNOSIS / ICD9 CODE REVIEW DATE ALLERGY RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 12/15/08 HYPOTHYROIDISM, VDRF 12/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE KARRON, MARION (363) SILVERLAKE-KARRON-000622 3 OF

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SHORE PHA... ACEUTI ORDER FORM SIL, ER LAKE VENT An Crimicare Comp RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH DATE OF ADMISS KARRON, MARION (363) 1BV A 06/06/30 10/02/08 130 D/C MEDICATION ORDERS OTHER ORDERS SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-2 10/02/08 R14300187 FLEET 19G-7G/118 ENEMA INSERT 1-ENEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* 10/02/08 R14296044 D2 SAT WITH VENTILATOR MONITORING AND PRN ETCO2 OM AND PRN TRACH CARE OS AND PRIN PREPARED BY: DATE: COMMATE: 1. PICKED UP BY: VERIFIED BY: DATE: TIME: VERIFIED BY: VICTOR TOUR DATE: 12/18 TIME: 104 NURSE'S REVIEW: TIME: TRACHEAL SUCTIONING QS AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW CHANGE INNER CANNULA QD AND PRN Dispense As Written RESP FAILURE, COPD, AFIB, REVIEW DATE ALLERGY NO KNOWN ALLERGIES 12/15/08 HYPOTHYROIDISM, VDR F 12/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE KARRON, MARION (363) 10/02/08 4 OF ! SILVERLAKE-KARRON-000623

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11011 PHARIMACY C VIAIVICITI SHORE PHARMACEUTI SILVER LAKE VENT ORDER FORM An Oranicare Con UNIT DATE OF BIRTH SEX DATE OF ADMIS! RESIDENT NAME & MEDICAL RECORD # ROOM BED KARRON, MARION (363) 130 A 06/06/30 F 10/02/0 1BV OTHER ORDERS MEDICATION ORDERS D/C PMV WITH FAMILY ONLY RESPIRATORY: VENTILATOR SETTINGS: VT: \_500\_\_ RR: \_16\_ MODE: AC FIGE: DRAL PHARANGEAL SUCTIONING QS AND PRN PREPARED BY: BMCOCAC DATE: TIME: 3
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RESIDENT NAME

KARRON, MARION (363)

RESIDENT #

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#### SILVER LAKE SPECIALIZED CARE CENTER

## PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS Resident Name: ON CO Room #: Pressure Area Protocol with 0.9% normal saline, pat dry and STAGE I Cleanse (site): apply moisturizing lotion around red area every shift and pra. STAGE II \* Cleanse (site): with 0.9% normal saline, pat dry Apply Hydrocolloid dressing. Apply Foam adhesive dressing Change every seven days. Replace/remove prn if dislodged if breakout occurs or a foul odor. (For sacral ulcers use hydrocol sacral) STAGE III + Cleanse (site): 5 C/C V/V with 0.9% normal saline A. Wound clean and no necrosis Apply Hydrogel/Transigel dressing to wound bed & cover with bordered pad/coversite dressing. Change dressing qd x4 weeks then reeval. B. Wound wet, drainage clean and no necrosis Apply Alginate dressing and cover with bordered pad/coversite. Change dressing O.D. for 4 weeks and re-evaluate. C. Necrosis present Apply santyl/curasalt dressing (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate. STAGE IV \* Cleanse (site): with 0.9% normal saline DA. Clean and no necrosis Silvalene Apply zine exide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/coversite-O.D. x 4 weeks. B. Necrosis is present Apply santyl/curasalt (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate. Baseline serum albumin. Repeat every 3 months. ☐ \*Berocca Plus Tabs 1 O.D - po ☐ 'MVI with minerals 15cc via GT M.D. Signature: Nurse Signature: Original Copy - Chart Copy to Pharmacy Copy to Supplies

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FACILITY PHARMACY PHYSICIAN'S ORDER FORM SILVER LAKE VENT SHORE PHARMACEUTI ROOM DATE OF BIRTH SEX DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # UNIT BED 06/06/30 10/02/08 1BV 130 KARRON, MARION (363) A OTHER ORDERS MEDICATION ORDERS BLOOD PRESSURE AND WTS EVERY WEEK DELIVERY DATE ADVANCE DIRECTIVES: \*\*DO NOT RESUSCITATE\*\* 01/21/08 64916101 MON HOSPITAL \*\*DO NOT RESUSCITATE\*\* LEVOTHYROXINE SODIUM 200MCG TABLET (S/F: SYNTHROID) A TAB CRUSH AND GIVE VIA G-TUBE DIET: EVERY 24 HOURS \*\*SEPARATE 2 HOURS FROM CALCIUM\*\* ACTIVITIES: 10/24/08 R14383477 PAROXETINE HCL 40MG TABLET (S/F: AS TOLERATED PAXIL) 1 TAB CRUSH AND GIVE VIA G-TUBE THERAPY: EVERY 24 HOURS FOR DEPRESSION PT ANNUAL 3-9 10/02/08 R14370548 OT ANNUAL 3-9 PREDNISONE 10MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE ST. ANNUAL 3-9 EVERY 24 HOURS FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 5-REPS EVERY SHIFT 12/12/08 R14574558 RISPERIDONE O. 5MG TABLET (S/F: RISPERDAL) LABS: 1 TAB CRUSH AND GIVE VIA WASAL YEARLY H&P DUE 1-9 GASTRIC TUBE AT BEDTIME FOR PSYCHOSIS CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 CHECK & RECORD ORTHOSTATIC BP WEEKLY PREPARED BY: DATE: TIME: DATE: 1/ PICKED UP BY: A. DATE: 1/14 TIME VERIFIED BY: VERIFIED BY: MTadros DATE: 1115 TIME: 7-10/02/08 R14355083 NURSE'S REVIEW: MAGNESIUM OXIDE 400MG TABLET 1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE DAILY FOR HYPOMAGNESIUM ighature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14370569 UNLESS PRESCRIMER WRITES "daw" IN THE BOX BELOW MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS VIA G-TUBE DAILY FOR NUTRITIONAL SUPPLEMENT SKIN TEAR Dispense As Written \*\*\* (STOCK) \*\*\* 10/02/08 R14296023 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 01/12/09 HYPOTHYROIDISM, VDRF 01/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

ORDER FORM SILVER LAKE VENT SHORE PHARMACEUTI RESIDENT NAME & MEDICAL RECORD # ROOM DATE OF BIRTH DATE OF ADMIS 1BV 06/06/30 10/02/08 130 KARRON, MARION (363) OTHER ORDERS D/C MEDICATION ORDERS T3, T4, TSH EVERY 3 MONTHS 1-9 PREVACID SOLUTAB 30MG TAB RAP DR (5/F: PREVACID SOLUTAB) RESTRAINTS: 1 TAB VIA G-TUBE DAILY FOR GERD NONE 10/02/08 R14370411 SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR CONSTIPATION \*\*\*(STOCK)\*\*\* 10/02/08 R14296029 VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETCH 10/02/08 R14370417 CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR OSTEOPOROSIS \*\*\*(STOCK)\*\*\* 10/02/08 R14296033 FERROUS SULFATE 220(44)/5ML ELIXIR 825MG (7.5ML) VIA G-TUBE EVERY 12 330 HOURS \*\*\* (STOCK) \*\*\* (3) 10Ad 88m 12/10/08 R14565651 HEPARIN SODIUM 5000 UNITS/ML VIAL MUJECT 1ML (5000 UNITS) PREPARED BY: SUBCUTANEOUSLY EVERY 12 HOURS FOR PICKED UP BY: DATE: ( DATE: DVT PROPHYLAXIS VERIFIED BY: TIME: ]\_ VERIFIED BY: DATE: \ 10/02/08 R14404307 NURSE'S REVIEW: METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 12 HOURS FOR HYPERTENSION Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14370394 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ANTACID GENERIC (MYLANTA) LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ADGESS EVERY SHIFT \*\*\*(STOCK)\*\*\* Dispense As Written 10/02/08 R14296038 REVIEW DATE DIAGNOSIS / ICD9 CODE ALLERGY NO KNOWN ALLERGIES 01/12/09 RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF 01/01/09 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD?, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE 2 OF 5

SILVERLAKE-KARRON-000629

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KARRON, MARION (363)

FAUITTY PHARIMACY PHYSICIAN'S SHORE PHARMACEUTI ORDER FORM SILVER LAKE VENT RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH DATE OF ADMISS 10/05/08 KARRON, MARION (363) 1BV 130 A 06/06/30 OTHER ORDERS D/C MEDICATION ORDERS DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) X TAB VIA G-TUBE EVERY 8 HOURS \*\* CAUTION - APAP MAX DOSE 4GM/24HRS TRIPLICATE REQUIRED 12/08/08 R14556309 LORAZEPAM 1MG TABLET 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY **TRIPLICATE REQUIRED** 12/10/08 R14565841 ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY A HOURS AS NEEDED FOR PAIN OR TEMP >100.5 \*\*\*(STOCK) \*\*\* \*\* CAUTION - APAP MAX DOSE 4GM/24HRS 10/02/08 R14296040 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOBE VIA NEBULIZER EVERY 4 HOURS FOR COPD 10/02/08 R14577538 ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 PICKED UP BY: COM HOURS AS NEEDED FOR WHEEZING DATE: 1/14 TIME VERIFIED BY: VERIFIED BY: WTOO DATE: 1115 TIMED 10/02/08 R14354813 NURSE'S REVIEW: TIME: PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR MYPOALBUMIN VNE Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 A4916106 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE

RESP FAILURE, COPD, AFIB, YPOTHYROIDISM, VDRF NO KNOWN ALLERGIES

01/12/09

01/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

FACILITY PHARMACY PHYSICIAN'S ORDER FORM SHORE PHARMACEUTI SILVER LAKE VENT RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS 1BV F 10/02/08 06/06/30 130 KARRON, MARION (363) OTHER ORDERS D/C MEDICATION ORDERS GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H2D FLUSH OF 150ML 04H ON ENTERAL FUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 2100ML POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT 11/17/08 A4916108 SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-2 10/02/08 R14300187 FLEET 19G-7G/118 ENEMA INSERT 1-ENEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) \*\*\*(STOCK)\*\*\* 10/02/08 R14295044 Stage II Sacrum deculitus Clianse ons expoly pelvadere er. correce coversite as O2 SAT WITH VENTILATOR PREPARED BY: MONITORING AND PRN PICKED UP BY: DATE: 1/4 VERIFIED BY: DATE: \115 VERIFIED BY: Madras NURSE'S REVIEW: ETCO2 QM AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW TRACH CARE QS AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 01/12/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

HYPOTHYROIDISM, VDRF

KARRON, MARION (363)

01/01/09

FACILITY . PHARMACY PHYSICIAN'S SHORE PHARMACEUTI ORDER FORM SILVER LAKE VENT SEX DATE OF ADMIS RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH F 10/02/08 KARRON, MARION (363) 18V 130 06/06/30 OTHER ORDERS MEDICATION ORDERS TRACHEAL SUCTIONING QS AND PRN CHANGE INNER CANNULA QD AND PRN PMV WITH FAMILY ONLY RESPIRATORY: VENTILATOR SETTINGS: VT: \_500\_\_ RR: \_16\_\_ MODE: \_AC\_\_\_ FIO2: \_35-45%\_\_\_\_ OTHER: PEEP +5 ORAL PHARANGEAL SUCTIONING QS\_AND\_PRN PREPARED BY: \_\_\_\_ DATE: \_\_\_ TIME: \_\_ PICKED UP BY: DATE: TIME: VERIFIED BY: \_\_\_\_ DATE: \_\_\_ TIME: VERIFIED BY: \_\_\_\_\_ DATE: TIME: \_\_ NURSE'S REVIEW: THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written REVIEW DATE

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PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306



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Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S	ORDERS FORM	
PATIENT'S NAME:	₽	ALLERGIES:
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FACILITY:	ROOM#:	DOCTOR'S NAME
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	AME, DOSAGE, FREQUENCY AND RO NDICATE IN WRITING " <b>BRAND MEDIC</b>	UTE / FORM PERSONNEL
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SILVERLAKE-KARRON-000639

# PHYSICIAN'S ORDER FORM

SILVER LAKE VENT

FACILITY

SHORE PHANTACEUTI

PHARMACY

An Onnicare Comp

RESIDENT NA	ME & MEDICAL RECORD #	U	TINI	ROOM	BED	DATE OF BIRT	H SEX	DATE OF ADMISS
KAR	RON, MARION (363)	184	<i>y</i>	130	A	06/06/30	) F	10/02/08
D/C	MEDICATION ORDERS				OTH	FR ORDERS		21,2
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4					ADVANC	E DIRECTI	VES:	
				D MOT R	ESUSCIT	ATE##		
	01/21/08 A49161	01						
	LEVOTHYROXINE SODIUM 200MCG		MON	HOSPITA	AL **DO	NOT RESU	JSCIT	ATE**
\	TABLET (S/F: SYNTHROID)							
V	1 TAB CRUSH AND GIVE VIA G-TUBE					DIET:		
	EVERY 24 HOURS **SEPARATE 2 HOU		MPO					
1	FROM CALCIUM**							
	10/24/08 R143834	77			AC.	TIVITIES:		
	PAROXETINE HCL 20MG TABLET (S/F		AS "	TOLERAT		I sto T sto 1 de from hear .		
	PAXIL)			1 me im car i vi i i i	the fact			
7	1 TAB CRUSH AND GIVE VIA G-TUBE				Ti	HERAPY:		
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\	1 TAB CRUSH AND GIVE VIA G-TUBE		ST	ANNUAL	2-9			
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	12/12/08 R145745	58			RY SHIF			
	RISPERIDONE O. SMG TABLET (S/F:							
)	RISPERDAL)					LABS:		
Lna	1 TAB CRUSH AND GIVE VIA G-TUBE		YEAR	RLY H&P	DUE 1-	VO.		
Da	AT BEDTIME FOR REYCHOSIS							
	CHECK & RECORD ORTHOSTATIC BP		CBC	CMP, ST	DOL GUIA	AC EVERY	3 MOI	NTHS 4-09
	WEEKLY 10/02/08, R143550	83						7
,	MAGNESIUM OXIDE 400MG TABLET				0.0			
	1 TAB CRUSH AND GIVE VIA G-TUBE		PREF	PARED BY	Y: YD	DAT	E:	TIME:
V	DAILY FOR HYPOMAGNESIUM		PICE	KED UP I	3Y:	DAT	E:	TIME:
			VER :	IFIED BY	Y:	DAT	E:	TIME:
			VER I	FIED BY	Y:	O DAT	E:	TIME:
	10/02/08 R143706	69	NURS	BE'S REY	VIEW:	7	***************************************	TIME:
	MULTIVIT/MINERALS (CERTAVITE)					$\sim$		
\.	LIQUID				$\cap$ (			
V	15 MLS VIA G-TUBE DAILY FOR							2/12/20
	NUTRITIONAL SUPPLEMENT SKIN TEA	R	-		- C: \	,	Date:	9110104
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	10/02/08 R142960					RITES "daw" IN T		
_	PREVACID SOLUTAB 30MG FAD DAP D	~ 2						
V	(S/F: PREVACID SOLUTAB) Soluba							
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	DIAGNOSIS/ICD 2006 1002/08 R143704	.ll.				JED NEXT	PAGE	DE:
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	OTHYROIDISM, VDRF	**14 I	t have been done I	to be her til				UE/U7/U7
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PHYSICIAN'S NAME				HONE NUMBER	R & DEA NUMBI	ER .		July 11 16 7 10 7
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						AND, NY,		)6

PHARMACY **FACILITY** PHYSICIAN'S ORDER FORM SILVER LAKE VENT | SHORE PHARMACEUTI RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS 06/06/30 F 10/02/08 KARRON, MARION (363) 1BV 130 OTHER ORDERS D/C MEDICATION ORDERS T3, T4, TSH EVERY 3 MONTHS 4 -9 SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR RESTRAINTS: CONSTIPATION \*\*\*(STOCK)\*\*\* NONE 10/02/08 R14296029 VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETOH abuse 10/02/08 R14370417 CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR DSTEOPOROSIS \*\*\*(STOCK)\*\*\* 10/02/08 R14296033 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000 UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 10/02/08 R14404307 METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 12 HOURS FOR HYPERTENSION 10/02/08 R14370394 FERROUS SULFATE 220(44)/5ML PREPARED BY: DATE: TIME: 330MG (7.5ML) VIA G-TUBE TWICE PICKED UP BY: \_\_\_\_\_ DATE: \_\_\_ TIME: \_\_ DAILY FOR ANEMIA \*\*\* (STOCK) \*\*\* VERIFIED BY: DATE:

at 10Am +8PM

ANTACID GENERIC (MYLANTA) LIQUID (S/F: MYLANTA)

APPLY TO G-TUBE SITE ABCESS EVERY SHIFT \*\*\*(STOCK)\*\*\*

Foley cash care Q

10/02/08 R14296038

12/10/08 R14565651

VERIFIED BY: DATE: TIME: NURSE'S REVIEWA

> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

REVIEW DATE 02/09/09

02/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

ALLERGY

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

RESIDENT #

PAGE

SILVERLAKE-KARRON-0006410702708

PHARMACY FACILITY PHYSICIAN'S SHORE PHARMACEUTI **ORDER FORM** SILVER LAKE VENT SEX DATE OF ADMISS DATE OF BIRTH RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED 06/06/30 10/02/08 1BV 130 KARRON, MARION (363) OTHER ORDERS MEDICATION ORDERS D/C OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) CRUSH AND GIVE 1 TAB VIA G-TUBE EVERY 8 HOURS AS NEEDED \*\* CAUTION - APAP MAX DOSE 4GM/24HRS TRIPLICATE REQUIRED 01/03/09 R14653210 LORAZEPAM IMG TABLET 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY TRIPLICATE REQUIRED 12/10/08 R14565841 ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 \*\*\*(STOCK)\*\*\* \*\* CAUTION - APAP MAX DOSE 4GM/24HRS 10/02/08 R14296040 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 10/02/08 R14577538 ALBUTEROL 0.083% (75ML/BOX) DATE: \_\_\_\_ TIME: \_\_ O. 83MG/1ML SOLUTION PREPARED BY: PICKED UP BY: DATE: \_\_\_\_ TIME: \_\_ 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING VERIFIED BY: \_\_ DATE: \_\_\_\_ TIME: \_\_ VERIFIED BY: DATE: TIME: NURSE'S REVIEW: 10/02/08 R14354813 TIME: PROSTAT 101 30ML IN 30ML WATER VIA G-TUBE THREE TIMES DAILY FOR HYPOALBUMIN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 A4916106 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE REVIEW DATE ALLERGY NO KNOWN ALLERGIES

RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

02/09/09

02/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

FACILITY PHARMACY PHYSICIAN'S ORDER FORM SILVER LAKE VENT SHORE PHARMACEUTI RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS F 10/02/08 06/06/30 KARRON, MARION (363) IBV 130 OTHER ORDERS D/C MEDICATION ORDERS GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H2D FLUSH OF 30 OML Q4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 3100ML 3300 CC POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT 11/17/08 A4916108 SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) OFTER NORMAL SAKINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-2 10/02/08 R14300187 02/06/09 SILVER SULFADIAZINE 1% CREAM (S/F: SIEWADENE) CLEANSE SACRUM WITH NORMAL SALINE AND APPLY GREAM TO ULSER BORDERS WITH WET TO MOIST DRESSING AND COVER WITH PROTECTIVE DRESSING EVERY SHIFT FOR 28 DAYS 01/09/09 R14677434 FLEET 19G-7G/118 ENEMA INSERT 1-ENEMA RECTALLY EVERY 3 PREPARED BY: DATE: TIME: DAYS AS NEEDED IF NO BOWEL DATE: TIME: \_\_ PICKED UP BY: MOVEMENT(S) \*\*\*(STOCK)\*\*\* VERIFIED BY: DATE: TIME: VERIFIED BY: DATE: TIME: \_\_ 10/02/08 R14296044 NURSE'S REVIEW: TIME: THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW D2 SAT WITH VENTILATOR MONITORING AND PRN Dispense As Written

RESP FAILURE, COPD, AFIB, / HYPOTHYROIDISM, VDRF

ALLERO

REVIEW DATE 02/09/09

NO KNOWN ALLERGIES

02/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

ADMITTED

## PHYSICIAN'S ORDER FORM

SILVER LAKE VENT

FACILITY

PHARMACY

SHORE PHANMACEUTI

An Omnicare Com

	AME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH		
	RRON, MARION (363)	1BV	130	A		F 10/02	1701
D/C	MEDICATION ORDERS			OTI	HER ORDERS		
1	ETCO2 QM AND PRN TRACH CARE QS AND PRN						
7	TRACHEAL SUCTIONING QS AND PRN  CHANGE INNER CANNULA  QD AND PRN						
1	PMV WITH FAMILY ONLY						
	RESPIRATORY: VENTILATOR SETTINGS: VT: _500	VER VER	KED UP )	3 Y : Y : Y :	DATE: DATE: DATE: DATE:	TIM	E:_ E:_
	OTHYROIDISM, VDRF	MOC A16/ MOL NN ALLE	UNLESS PI	RESCRIBER W	WILL BE FILLED GENI /RITES "daw" IN THE I		
	MI) O O	Q NAME TELF	DUONE NI IMPE	D 0 DEA NUMBER	BED.	02/01	/09
	MARTIN	KLAHR		(57) 718	<sub>3-447-7800</sub> 3-447-7800 _AND, NY, 1(	0306	

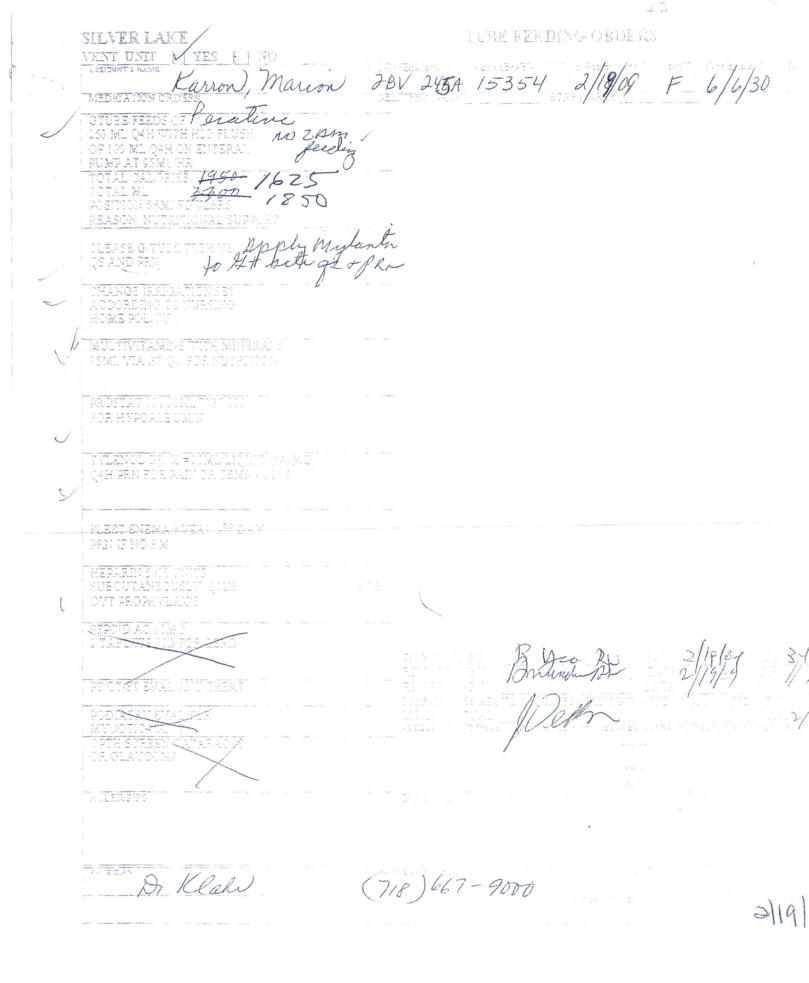




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INTERIM PHYSICIAN'S ORDERS FORM	
PATIENT'S NAME: ALLERGIES:	
LAST Lewon. FIRST Marion MI More FACILITY: ROOM#: DOCTOR'S NAME	
( A	
SLSCC 240A Klahr	^
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"	NURSING PERSONNEL SIGNATURE
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#### RESPIRATORY ORDERS SILVER LAKE VENT UNIT NO PAGE NO. MED RECORD V UNIT/RODM/990 DELIVERY DATE Carron Marion START DAYE: EDICATION ORDERS RESPIRATORY VENTILATOR SETTINGS: VT: 500 RR: 76 VT: 500 MODE: Ac OTHER: O2 SAT WITH VENTILATOR MONITORING AND PRN ETCO2 QM AND PRN SEE RESPIRATORY FLOW SHEETS ABG'S TRACH/CARE QS AND PRN TRACHEAL SUCTIONING QS AND PRN JRAL PHARANGEAL SUCTIONING QS AND PRN CHANGE INNER CANNULA OD AND PRN ALBUTERAL 1 UNIT DOSE VIA NEBULIZER Q4H PRN FOR WHEEZING ATROVENT I UNIT DOSE VIA NEBULIZER QY H FOR COPD PICKED UPBY: REVIEWED BY DATE: TIME: REVIEWED BY : DATE: TIME I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED (NF) CARE. [ MD SIGNATURE: DATE: MD SIGNATURE: PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW

SILVERLAKE-KARRON-000648

DIAGNOSIS

PHYSICIAN'S PHONE

ALLERGIES

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DAW

NURSE'S REVIEW

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# PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS Room #: 2 15 4 Resident Name Pressure Area Protocol with 0.9% normal saline, pat dry and O STAGE I Cleanse (site): apply moisturizing lotion around red area every shift and prn. with 0.9% normal saline, pat dry STAGE II \* Cleanse (site): Apply Foam adhesive dressing Apply Hydrocolloid dressing. Change every seven days. Replace/remove prn if dislodged if breakout occurs or a foul odor. (For sacral ulcers use hydrocol sacral) with 0.9% normal saline ☐ STAGE III + Cleanse (site): \_ A. Wound clean and no necrosis Apply Hydrogel/Transigel dressing to wound bed & cover with bordered pad/coversite dressing. Change dressing qd x4 weeks then reeval. B. Wound wet, drainage clean and no necrosis [] Apply Alginate dressing and cover with bordered pad/coversite. Change dressing O.D. for 4 weeks and re-evaluate. C. Necrosis present Apply santyl/curasalt dressing (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate. with 0.9% normal saline STAGE IV # Cleanse (site): Clean and no mecrosis Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/coversite O.D. x 4 weeks. OB. Necrosis is present Apply santyl/curasalt (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate. Baseline serum albumin. Repeat every 3 months. # Berocca Plus Tabs 1 O.D - po MVI with minerals 15cc via GT M.D. Signature:

Original Copy -- Chart \_\_\_\_\_Copy to Pharmacy \_\_\_\_\_Copy to Supplies \_\_\_\_\_SILVERLAKE-KARRON-000650

## PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS :

	Resident Name: MUSTan Room #: 24174	
	Pressure Area Protocol	
*, ,	STAGE I Cleanse (site): with 0.9% normal saline, pat dry a apply moisturizing lotion around red area every shift and prn.	nd
	STAGE II * Cleanse (site): with 0.9% normal saline, pat dry  Apply Hydrocolloid dressing.	
	STAGE III + Cleanse (site): Shi with 0.9% normal saline	
	☐ A. Wound clean and no necrosis  ☐ Apply Hydrogel/Transigel dressing to wound bed & cover with border pad/coversite dressing. Change dressing qd x4 weeks then reeval.  ☐ B. Wound wet, drainage clean and no necrosis  ☐ Apply Alginate dressing and cover with bordered pad/coversite. Change dressing and cover with bordered pad/coversite.	
	dressing O.D. for 4 weeks and re-evaluate.  C. Necrosis present  Apply santyl/curasalt dressing (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate.	
	STAGE IV * Cleanse (site): with 0.9% normal saline  A. Clean amd mo mecrosis  Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/coversite O.D. x 4 weeks.  B. Necrosis is present  Apply santyl/curasalt (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate.	
1	Becaline corum albumia. Paneet every 3 months	
	Baseline serum albumin. Repeat every 3 months.     *Berocca Plus Tabs 1 O.D - po     MVI with minerals 15cc via GT	
	M.D. Signature: Date: Da	
	Original Copy Chart Copy to Pharmacy Copy to Supplies	

SILVERLAKE-KARRÓN-000651

# PHYSICIAN ORDERS – PRESSURE AREA PROTOCOLS

	Resident Name: WUNGM / M Room #: 2WA
	Pressure Area Protocol
	STAGE I Cleanse (site): with 0.9% normal saline, pat dry and apply moisturizing lotion around red area every shift and prn.
	STAGE II * Cleanse (site): with 0.9% normal saline, pat dry  Apply Hydrocolloid dressing.
	☐ STAGE III = Cleanse (site): with 0.9% normal saline
I	☐ A. Wound clean and no necrosis  ☐ Apply Hydrogel/Transigel dressing to wound bed & cover with borders pad/coversite dressing. Change dressing qd x4 weeks then reeval.  ☐ B. Wound wet, drainage clean and no necrosis  ☐ Apply Alginate dressing and cover with bordered pad/coversite. Change dressing O.D. for 4 weeks and re-evaluate.
	C. Necrosis present  Apply santyl/curasalt dressing (for debridement) with bordered
	pad/coversite O.D. for 4 weeks and re-evaluate.
	STAGE IV * Cleanse (site): With 0.9% normal saline  Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/coversite 0.D, x 4 weeks.
	CB. Recrosis is present
	Apply santyl/curasalt (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate.
1	
	Baseline serum albumin. Repeat every 3 months.  Berocca Plus Tabs 1 O.D – po  MVI with minerals 15cc via GT
	M.D. Signature: Date: Date: Date:
	Original Conv. Chart Conv. to Pharmacau

SILVERLAKE-KARRON-000652



## An Omnicare Company

Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM
PATIENT'S NAME: , ALLERGIES:
LAST KANOR FIRST MANUX MI NOTE
FACILITY:  ROOM #:  DOCTOR'S NAME
SLSCC 245A Klah
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"  NURSING PERSONNEL SIGNATURE
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7 BB 18 RELA 661
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	SILVER LAKE	[ ] ADMISSION [ ] READMISSION
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. /	Southing Ct Son 3/6+3/	PAMBULATION: Mon amb
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	DX: Olpressur	THERAPY: PT 2 Compage
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	: 0 0 0 0 0 000	DIAGNOSTIC TESTS: (LAB, XRAYS, EKG) .
1	prevacid solutab 30 mg	CRC, 5 mf stool quar, 13, 14+TSH
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1	Senna 2-tabs peg QHS	weekly with VIS QDopin
C	DX Const, parlier	Psych 93m depression due stog
. ,	Vetamin BI 100 mg peg QI	
O	DX: Supplement	PICKED UP BY: COPIC DATE: 3/1/07 TIME: 3-1
	VII) 239 21726 02020 2100 M	REVIEWED BY : DATE: TIME:  1 CERTIFY THE ABOVE NAME RANT ENT IS IN NEED OF CONTINUED (NE) CARE. [ ]
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/	Cotrero Calcium 200mg	
	ALLERGES STEE PO NO SEO DO LOS	DAW DAGNOSE LOCAL COLOR OF THE L
	000100	Desp facture > went, COPD, AF, malnistitus
	None (3/3/6/1)	MRSA-Spiden, ETOHabuse, nypotrygody
	PHYSICIAH	ESTED POLOSIO, OSTEVA Thritie, disphagia
		NURSE'S REVIEW
,		3/5/09

#### TUBE FEEDING ORDERS SILVER LAKE VENT UNIT [] YES [] NO MED RECORD V ADMISSION DATE SRX A CO CO UNIT'R COMUNED DATE OF BIRTH PAGE M MEDICATION ORDERS START DATE: GTUBE FEEDS OF Dency Vive 250 ML Q4H WITH 420 FLUSH OF 100 ML O4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 Donthold TOTAL ML: 2 100 CC POSITION SEMI FOWLERS 2AM FEEDINGS REASON: NUTRITIONAL SUPPORT CLEASE G-TUBE WITH NS OS AND PRN + appey Meylan to 6 theke CHANGE IRRIGATION SET ACCORDING TO NURSING HOME POLICY. MULTIVITAMINS WITH MINERALS 15ML VIA GT QD FOR NUTRITION. PROSTAT 101 30ML VGT TID FOR HYPOALBUMIN. TYLENOL GR. X = 20ML LIQUID (640MG) O4H PRN FOR PAIN OR TEMP > 100.5 FLEET ENEMA EVERY 3RD DAY PRN IF NO BM. HEPARIN 5000 UNITS SUBCUTANEOUSLY Q12H FOR DVT PROPHYLAXIS PEPSID AC IOMG 2 TABLETS SID FOR GERD PICKED UP BY: DATE: TIME: 3 REVIEWED BY DATE: TIME: PHOTIST EVAL AND TREAT DATE: REVIEWED BY TIME:

I CERTIFY THE ABOYE NAMED RESIDENT IS IN NEED OF CONTINUED (NF) CARE.

PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW

NURSA'S RAVIAW

DAW

# SILVERLAKE-KARRON-000655

MD SIGNATURE:

DIAGNOSIS

PHYSICIAN'S PHONE

PODIATRY EVAL FOR

OPTH SCREEN CATARACTS

MYCOTHE WALLS

OR GLAUCOMA

ALLERGIES

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NEGRET REVIEW

350

SILVER LAKE	ER LAKE ADDITIONAL ORDER FORM					
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## An Omnicare Company

Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM	
PATIENT'S NAME:	ALLERGIES:
LAST KAMON FIRST May 1 ON MI FACILITY: ROOM #:	none
FACILITY: ROOM #:	DOCTOR'S NAME
5254 245	Klahr
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECES	SARY!"  NURSING PERSONNEL SIGNATURE
DATE TIME 1	1
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3/3/09 L hip skm tear NS 11 by backfacin QS X36	) ks. 0
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Side Child Con military	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING SILVERLAKE-KARRON-000658



PHYSICIAN ORDERS – PRESS	URE AREA PROTOCOLS
Resident Name: Karron, Marior	Room #: 240A
Pressure Area	Protocol
27 STAGE I Cleanse (site):apply moisturizing lotion around red	with 0.9% normal saline, pat dry and area every shift and prn.
STAGE II * Cleanse (site):  Apply Hydrocolloid dressing. Change every seven days. Replation occurs or a foul odor. (For sacra	with 0.9% normal saline, pat dry  Apply Foam adhesive dressing ace/remove prn if dislodged if breakout ulcers use hydrocol sacral)
☐ STAGE III÷ Cleanse (site):	with 0.9% normal saline
pad/coversite dressing. Cha  B. Wound wet, draimage clean and no m  Apply Alginate dressing and dressing O.D. for 4 weeks a	d cover with bordered pad/coversite. Change
cover with protective dressing	with 0.9% normal saline  licer borders with wet to moist dressing and and q shift x 4 weeks or/bordered
pad/coversite O.D. i 4 week  B. Necrosis is present  Apply sant//curasalt (for decorated of the control of the	bridement) with bordered pad/coversite
Baseline serum albumin. Repeat every 3 months.  # Berocca Plus Tabs 1 O.D - po  MVI with minerals 15cc via GT	
M.D. Signature:  Nurse Signature: P.D. O. O. De	Date: 3/8/09  Date: 3)18)09
Original Copy Chart Copy to I	Pharmacy Copy to Supplies



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Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM	
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DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

FAC! PHARMACY PHYSICIAN'S ORDER FORM SHORE PHARMACEUTI SILVER LAKE VENT RESIDENT NAME & MEDICAL RECORD # ROOM BED DATE OF BIRTH SEX DATE OF ADMI: UNIT HARRON, MARION (363) 28V 06/06/30 10/02/0 240 MEDICATION ORDERS OTHER ORDERS START DATE DELIVERY DATE BLOOD PRESSURE AND WTS EVERY WEEK ADVANCE DIRECTIVES: \*\*DO NOT RESUSCITATE\*\* 02/19/09 A4916101 FERROUS SULFATE 220(44)/5ML NON HOSPITAL \*\*DO NOT RESUSCITATE\*\* ELIXIR 7.5 MLS VIA PEG TUBE EVERY 24 DIET: HOURS FOR ANEMIA NPO; PERATIVE VIA PEG TUBE 02/23/09 R14847016 ACTIVITIES: LEVOTHYROXINE SODIUM 200MCG OUT OF BED TO RECLINER AS TOLERATED TABLET (S/F: SYNTHROID) 1 TAB CRUSH AND GIVE VIA PEG TUBE AMBULATION: EVERY 24 HOURS \*\*SEPARATE 2 HOURS NON AMBULATE FROM CALCIUM\*\* 02/23/09 R14888101 THERAPY: PAROXETINE 20MG TABLET PT ANNUAL 3-9 1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR DEPRESSION DT ANNUAL 3-9 ST. ANNUAL 3-9 02/23/09 R14888105 PREDMISONE 10MG TABLET FLOOR PROGRAMS: 1 TAB CRUSH AND GIVE VIA PEG TURE PENDING-EVERY 24 HOURS FOR GERD weekly WI. YEARLY H&P DUE 3-10 CBC, BMP Store guiac, T3 TY TEH Q3 pros 02/23/09 R14888107 PREVACID SOLUTAB SOME TAB RAP DR PREPARED BY: Gody DISSOLVE 1 TAB IN WATER AND GIVE DATE: DATE: TIME: VIA PEG TUBE EVERY 24 HOURS FOR VERIFIED BY: A GERD DATE: 3409TIME/V TIME: NURSE'S REVIEW 02/23/09 R14888110 TIME: SENNA TABLET 2 TABS CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR CONSTIPATION THIS PRESCRIPTION WILL BE FILLED GENERICALLY 02/23/09 R14847005 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW VITAMIN B-1 100MG TABLET (S/F: THIAMINE) 1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR SUPPLEMENT Dispense As Written 02/23/09 R14808112 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 03/26/09 HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS 03/24/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

JOHN D. MCCARTHY (BM6739734) 718-668-9300

1776 RICHMOND RD SUITE 5, STATEN ISLAND, NY,

PHARMACY FAC! PHYSICIAN'S ORDER FORM SILVER LAKE VENT SHORE PHARMACEUTI An Omnicare C. DATE OF BIRTH RESIDENT NAME & MEDICAL RECORD # UNIT ROOM SEX BED DATE OF ADMIS 240 KARRON MARION (363) SBA 06/06/30 10/02/0 D/C MEDICATION ORDERS OTHER ORDERS CBC, CMP, STOOL QUIAC EVERY 3 MONTHS 4-0 CERTAVITE MULTI VIT + MINERALS LIQUID 15 MLS VIA G-TUBE DAILY FOR T3, T4, TSH EVERY 3 MONTHS 4-9 NUTRITION RESTRAINTS: 02/23/09 R14847023 NONE CITRUS CALCIUM 200MG TABLET 2 TABS CRUSH AND GIVE VIA PEG SIDERAILS: TUBE TWICE DAILY FOR OSTEOPOROSIS 2 1/2 SIDERAIL(S) UP FOR TURNING AND / SUPPLEMENT POSITIONING 02/23/09 R14888125 PODIATRY: HEPARIN SODIUM 5000 UNITS/ML VIAL EVERY 2-3 MONTHS FOR MYCOTIC NAILS INJECT IML (5000UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 02/23/09 R14888135 METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 12 HOURS FOR ATRIAL FIBRILLATION 02/23/09 R14888116 DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB CRUSH AND GIVE VIA G-TUSE EVERY 8 HOURS \*\* CAUTION - APAP MAK DOSE 4GM/24HRS \*\* TRIPLICATE REQUIRED PREPARED BY: DATE: TIME: PICKED UP BY: Gock DATE 3/26 TIMES VERIFIED BY: DATE: 3240 VERIFIED BY: DATE: TIME: 03/06/09 R14887394 NURSE'S REVIEW: TIME: PROSTAT 101 LIQUID 30 MLS VIA G-TUBE THREE TIMES DAILY FOR HYPOALBUMIN THIS PRESCRIPTION WILL BE FILLED GENERICALLY 02/23/09 R14847025 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS VIA G-TUBE EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP 0100.5 \*\* CAUTION - APAP MAX DOSE Dispense As Written 4GM/24HRS \*\* 02/23/09 R14847026 DIAGNOSIS / ICD9 CODE REVIEW DATE PESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 03/26/09 HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS 03/24/09 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER JOHN D. MCCARTHY (BM6739734) 718-668-9300

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

1776 RICHMOND RD SUITE 5, STATEN ISLAND, NY,

RESIDENT #

1030 PAGE

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An Omnicare Com

RESIDENT NA	AME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMIS
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D/C	MEDICATION ORDERS			OTI	HER ORDERS		
C	1PRATROPIUM BROM (42.5ML/BOX) O.2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVER) HOURS FOR COPD	( 4					
	the first fi	2 (2) (2)					
	02/23/09 R148833 ALBUTEROL 0. 083% (75ML/BOX)	( 7 E					
	O. 83MG/1ML SOLUTION  1 UNIT DOSE VIA NEBULIZER EVERY HOURS AS NEEDED FOR WHEEZING	Y 4					
	02/23/09 R148470	032					
	PROSTAT 101 30ML IN 30ML WATER VIA G-TUBE THREE TIMES DAILY FO HYPOALBUMIN			,			
	02/19/09 A4916	104					
	PROSTAT 101 30ML VIA G-TUBE THE TIMES DAILY FOR HYPPALBUMIN						
		000					
	02/19/09 A5089	034					
•	250ML Q4H WITH H2D FLUSH						
	OF 150ML G4H ON ENTERAL						
	PUMP AT 95ML/HR						
	TOTAL CALORIES: 1950						
	TOTAL ML: 3300ML						
	POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT	12	REPARED B	٧٠	DATE		TIME:
	KEROUN. NOTKITIONEL OUT OKT		CICKED UP	************			TIME 5
			ERIFIED B	and the second	DATE	The state of the s	HOST IME /
			ERIFIED B		DATE	:	TIME:
	02/19/09 A4916	108 V	WRSE'S RE	VIEW:	m 3/2	7/1	, TIME:
	GTUBE FEEDS OF PERATIVE 250ML GAH WITH H20 FLUSH			$\Lambda \Lambda$		1 1	
	OF 100ML 84H ON ENTERAL				\		
	PUMP AT 95M HR			Sagnature	_	_ Date: _	
	TOTAL CALORIES 1950		THIS PR		WILL BE FILLED G	ENERIC	ALLY
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BECD EV	ILURE, COPD, AFIB, NO KN	THIS AL	ALL LERGIES	ERGY			REVIEW DAT 03/26/09
	POTHYROIDISM, ANEMIA,	-19914 PTL	atom boot VM A SECO				partial to Sin and to Self
	TEOPOROSIS, ARTHRITIS						
							03/24/09
			ELEPHONE NUMBE			June 300 200 200	
	JOHN 1	u. MCC ercumo		6739734 TE 5 G	) 718-668- Taten 1814	7300 ND	NV. 1020

PHARMACY FAC! Y PHYSICIAN'S SHORE PHARMACEUTI SILVER LAKE VENT ORDER FORM An Omnicare Co. BESIDENT NAME & MEDICAL RECORD # UNIT ROOM DATE OF BIRTH DATE OF ADMIS 28V KARRON, MARION (363) 240 06/06/30 10/02/0 A MEDICATION ORDERS OTHER ORDERS D/C CLEANSE G-TUBE WITH NS & APPLY MYLANTA QS AND PRN 02/19/09 A5069032 CHANGE IRRIGATION SET ACCORDING TO NURSING HOME POLICY. 02/19/09 A5069033 REINSERT FOLKS CATHETER > FOUND OUT IN THE MORNING #18FR 03/10/09 A5084325 03/27/09 BACITRACIN 500 UNIT/G DINT. (GM) BOTH ARMS N/S WASH FOLLOWED BY BACITRACIN DINT WITH DRESSING DAILY FOR 21 DAYS \*\*\*(STOCK)\*\*\* 2010lveol 03/06/09 R14888571 CLEANSE LT LOWER LEG WITH MORMAL SALINE FOLLOWED BY BACITRACIA DINTMENT WITH DRESSING TWICE DAILY 03/11/09 A5084378 CLEANSE RIGHT HIP WITH NORMAL SALINE FOLLOWED BY NORMAL SALINE PREPARED BY: DATE: TIME: WET TO MOIST AND COVER WITH PICKED UP BY: Goch DATE: 3/26 TIME:3 PROTECTIVE DRESSING REWET EVERY DATE: 32409 IME:// VERIFIED BY: SHIFT WITH ZN PERI WOUND VERIFIED BY: DATE: TIME: 03/06/09 A5079169 NURSE'S REVIEW: CLEANSE SACRUM STG IV. PROTOCOL WITH NORMAL SALINE FOLLOWED BY WET TO MOIST AND COVER WITH PROTECTIVE DRESSING REWET EVERY SHIFT WITH ZN PERI WOUND THIS PRESCRIPTION WILL BE FILLED GENERICALLY 03/06/09 A5079171 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) APPLY TO LEFT HIP AFTER NORMAL SALINE SOLUTION CLEANSING EVERY Dispense As Written SHIFT AND COVER WITH DRESSING 03/23/09 R14954596

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB,

HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS NO KNOWN ALLERGIES

REVIEW DATE 03/26/09

03/24/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

JOHN D. MCCARTHY (BM6739734) 718-668-9300 1776 RICHMOND RD SUITE 5, STATEN ISLAND, MY,

ALLERGY

1030

PHYSICIAN'S	A	FAC! Y		_	PHARMACY					
ORDER FORM		SILVER LA	KE VEN	["	SHORE PH	ARMACEU	TI			An Omnicare C:
RESIDENT NAME & MEDIC	CAL RECORD #			UNIT	ROOM	BED	DATE O	F BIRTH	SEX	DATE OF ADMIS
KARRON	MARION (363			287	240		06/06		F 1	0/02/0
1 RE	MEDICAT T 19G-7G/116 CTALLY EVERY ED IF NO BOL	/ 3RD DAY				, 01	HER ORDE	no		
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	Y CATHETER ( AS NEEDED									
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		02/19/09	MOVOCV	01						
VENT VT: MODE	IRATORY: ILATOR SETT 500 HR: _19 :_AC FIO: R:PEEP +5	8 2:3 <b>%</b> -4 <b>%</b> %_								
/ 02 S	AT WITH VEN	TILATOR								
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ETCO	2 GM AND PRI	4		P) VE	REPARED B CKED UP ERIFIED B ERIFIED B JRSE'S RE	BY: <i>900</i> Y: 18 Y:	4	DATE: DATE: DATE: DATE:	3/26	TIME: TIME: TIME: TIME:
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TRAC	HEAL SUCTION	ING QS A	VD FRM		CILESO I	,	pense As Wri		BOX B	
RESP FAILURE,	NOSIS/ICD9 CODE COPD, AFIB, DIDISM, ANEM: DSIS, ARTHRI		NO KNO	WN ALL	ALL ERGIES	ERGY				8/24/09
RESIDENT NAME	MARION (363	QII V/ED	JOHN D. 1776 R	MCC4 40MHOI	LEPHONE NUMBER ARTHY (BM ID RD SUI N-000665	6739734 TE 5, S	718- TATEN D RES		300	

PHYSICIAN'S	SILVER LAKE VENT			PHARMACY				
ORDER FORM				HORE PH	ARMACEL	JTI	An Omn	
RESIDENT NAME & MEDICAL RECORD #			UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADI
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	TION ORDERS	·			01	HER ORDERS		
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DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, ANEM OSTEOPOROSIS, ARTHRI	IA,	NO KNOWN	ALLE		ERGY			REVIEW ( 03/26/
and the state of t								03/24/
		PHYSICIAN'S NA				BER 3) 718-468-9		

RESIDENT NAME

SILVERLAKE-KARRON-000666 10/02/08

SILVERLAKE-KARRON-000666 10/02/08

			UKE AKEA PROTOCOLS	1
Resident Name:	1 Carmon	· marlon	Room#: 24	0 7
		Pressure Area		
		¥		
od stage i	Cleanse (site):apply moisturizin	g lotion around rec	with 0.9% normal sall area every shift and prn.	line, pat dry and
O STAGE II *	Change ever	y seven days. Repl	with 0.9% normal sa  Apply Foam adhe ace/remove prn if dislodged i al ulcers use hydrocol sacral)	
🗆 STAGE III÷	Cleanse (site):		with 0.9% normal sal	line
OB. W	pad/cov ound wet, drain  Apply A dressing crosis present  Apply sa	lydrogel/Transigel ersite dressing. Change clean and no a lginate dressing an O.D. for 4 weeks a antyl/curasalt dressing an antyl/curasalt dressing and the second	d cover with bordered pad/co	en reeval. versite. Change
LEA. Cle	Cleanse (site): ean and no mecro Cleanse (site): capply zir cover wire pad/cove crosis is present Cleanse (site): capply sa	psis nc oxide cream to u th protective dressi rsite O.D. x 4 week	with 0.9% normal saling ulcer borders with wet to moising q shift x 4 weeks or/borders.	et dressing and red
Baseline serum al  Berocca Plus Ta  MVI with mineral  M.D. Signature:  Nurse Signature:	bs 1 O.D - po	3 months.	Date: 4/10/09 Date: 4/10/09	

### PLEASE! USE BALLPOINT PEN ONLY! PRESS FIRMLY





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## INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:  LAST MARION FIRST KARRON, MI MONE  FACILITY:  S2SCC MARY A Klank	ancian de la la persona de la
FACILITY: ROOM #: DOCTOR'S NAME	
DISCC 240A Klark	
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NS wash Delbow Skin tear Jollow	neel
by baculacin & Ose BIDX INCO	PM 🗔
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NAME-PRINT DISPENSE AS WRITTEN SIGNATURE DATE TIME	DATE
4/13/09 2 NF Y2NS 1000 et g12hr x48 hrs.	K
J 4/13/0	9
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DATE TIME	
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Check here if faxed. Enter time.	PM []
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Date of Admission.	-		/			-					
	Ambulan		Ambule	tte			□w/c [				
Accompanied by:	Attendar	nt	Family			Other:					
Source of Information: [	Residen	t	Family		À	ransfer D	ata Oth	ner:			
Known Allergies:	Meds:		_ Food:_			Other:			DIN	lone k	nown
		Specify		Specify	Deim	Du Por	eumonia	VDRI	F 00	197) 1	2/on de
Reason for Admission: _					_	y			1	1	
Secondary Dx /Condition							ection:	110314			
Medication/Tx Regimer	prior to A	dmission: _								] Unkn	own
Medication consumed t	oday, prior	to Admiss	sion:						- 1	Unkn	own
One or more of abo	ve medica	tions given	by injection .					and	d/or	By I.V	. route
Approximate hour of las										Unkn	
2. CLINICAL STATU	JS: AStal	black [	Unstable:	Dulas	05	Page	( P DID	130/7KG	+-5	11 10/+	107
□End-stage disease*	Temp.	ialvois DV	J Fever	Puise.	7Pacom	Hesp.	Sor #		Oo in II	EO.	181
on anticoagulant treatm										56	
1											
Pain: No sx/symp										mgmt p	rog.
Pain: Site K)											eported
Frequency: Conti	nuous or:.	70 B	day week	mo mo	nth	Inte	ensity 5	]Sev. [	□ Мо	d. [	Mild
Source of: Exacerbation	on:	#	_ Alleviation	n: 🔽 N	1edication	1: Jercoc	PT 31335	Othe	r:		
a ADI CTATUC.	4		D:			•					
3. <u>ADL STATUS</u> : (√ (Prior known level		vveeks i	Prior to Admi	ssion				Curren	nt		
vs. current)	1		De	pendent				1	Dene	endent	-
	Indepe	endent	Partial	-	Indonesidant				rtial Total		
	Home	Hosp.	Home Hosp	. Home	Hosp.	Home	Hosp.	Home   H	Hosp.	Home	Hosp.
Bed Mobility					X		·				V
Transfer					X						V
Walking \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\											
Dressing					X						×
Locomotion					X						X.
Eating					tube						tube
Toileting					X						X.
Groom/Hyg.					X						X
Adaptive/Assistive Device	(s) in Use	Cane C	□Walker □\	N/C $\square$	Splint/D-	200 AF	Fating Device	e(s)	Other:		
											400
Has potential to impro	ove:	-		****		THX of falls in Unsteady ga	past 30 days iit	☐ Hx o	of fx in p	past 31- past180 d lte:	180 days lays
Conditions impacting on	function:	]C.P. []	M.S. Qua	driplegia	Hen	niplegia [	Hemipares				
Balance Status: In	tact Impaired	I			Cor	mment					-
Sitting											
Standing							-				
Functional limitations: "	nto)	Rig	ght			Le	ft			Other	•
Functional limitations: (joi	nts)										

\*6 or fewer months to live

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Continent		s Prior to Admis	35							,	
Continent	11										,
Continent	Home	Hosp.	Curren			nment					
CONTRINCING			□Always		regularity						
Incontinent			□Occas.□ <b>iv</b> Always	Freq.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Continent			Always	W/w/	catheter	F					
ncontinent			Occas.	Freq St	ress e.g., w/ snee			Drib	bling (d	verflov	v)
TICOMMINENT			□Always	IL Fr							
ation Hx	Bowol:	Canatination			Current		T				_
idilott TIX							Fe	cal impa	action in	past 1	4 da
										-	
	rogalanty	Laxative Use		XSer	na						
	*	□ Colostomy	□Ileostomy								
	Bladder:	Wears Incont	inence Briefs		7	A STATE OF THE PARTY OF THE PAR			ALCOHOL PROPERTY.	a breat deal suitable be	Principal Control
		Catheter in si	tu		ng Inter		I In	Past 2	Weeks		
NITIVE ST	ATUS: (√	),		o Admission				Cı	ırrent		
		,   Inta		1			Intac	ct	li li	npaire	ed
to assess.	-	Home	Hospital	Home	Hospit	tal					
itation					X				-	X	
	-				X				-	X	
	Time				X				-	X	
nory	****				X				_	X,	
			Full F	Mod [	Mod [	Fi			Mod	7	\
gment (decis	ion making)	Some	Some	Sev.	Sev.						
SORY STA	<u>TUS</u> : (√)			☐ Moderately	Severel	у Г	] Has side				
ring											
ech						P	Aphasia		Unclea		No
			y Usually	Sometime	s ARarely/Ne	ever Mo		expressi	on:		
				Sometime	-	-					
		/			_						
ptive Sensor	y Devices:					_ Othe	r:				
STATUS:											
act   Im	paired ( <i>indic</i>	eate below)	] Hx of resolve	d ulcers in p	ast quarter	Sk	in des				
aired:					Treat	tment		If Pres			UIC
	on	Sito Sizo	Drainac	Edema	Surg. Ulcer	w/		I	II	III	I
1				( ( )	Care Care	uress.	ung	T			1
MIL	TOXIDS	()	mod.		7						T
In III	1.5 X1.	SXD	Sm.		Ÿ			-		X	
1000 T	5X4	VD	D	-		-	-	X			
nRIE I	1. S Y	IXD						V			
bile	Nai	1	dirtu =	ot:	-	TEA	ot Prol	hlom:			-
119		/	7 10	C(							
OKIR I	1.5X	IXU									
10-0-	n m	1 E . DV . D	COMMUNICATIONS, INC	C.for additional forms	call (519) 364-6675	nin				7 Page	:20
ier an	rille	CT. GRII)	1 Cars		e gn	(11)	SKII)	TU	U		
	ose, in vege to assess. tation  fory  gment (decise)  GORY STA  on  ring  ech  munication  guage(s) spective Sensor  STATUS:  act  Vound/Condition  AND THE  ONE TO THE  ONE T	Bladder:  NITIVE STATUS: (Vose, in vegetative state to assess. tation Place Time flory Recent Remote ment (decision making)  SORY STATUS: (V)  Don  ring ech  munication Understands Under	Action Hx: Bowel: Constipation Diarrhea Laxative Use Colostomy Bladder: Wears Incont Catheter in si  NITIVE STATUS: (\sqrt{y}) Ose, in vegetative state, to assess.  Itation Person Place Time Ory Recent Remote Imment (decision making) On Pring Pech Imunication Understands Understands Understood Un	ation Hx: Bowel: Constipation Diarrhea Laxative Use Colostomy Ileostomy Bladder: Wears Incontinence Briefs Catheter in situ  NITIVE STATUS: (\forall )	ation Hx: Bowel: Constipation Diarrhea regularity  Has regularity  Bladder: Laxative Use Colostomy Ileostomy  Bladder: Wears Incontinence Briefs Catheter in situ  Weeks Prior to Admission Intact Home Hospital Home Hospital Home  Home Hospital Hom	ation Hx: Bowel:    Constipation	ation Hx: Bowel:    Constipation   Diarrhea   Laxative Use   Laxat	ation Hx: Bowel: Constipation   Feath (functional)   Current      Current   Current   Feath   Current	ation Hx: Bowel:    Constipation   Current   C	ation Hx: Bowel:    Constipation   Current   By Hx	ation Hx: Bowel:    Constipation

			Karnor	) M.		Data 2/19	Nursing.Admiss. Assmnt.
8. 0	RAL STATUS:	Name:_ Intact Im	paired	Co	mments	Date.	
	Gums	X	Debi	ris noted			
7	viucosa	2					
F	Dentition		entition impaired,				Comment
I	Dentures Partial Full		Edentulous  Loose Teeth	Caries		en Teeth	Does not wish to use his/her dentures.
2		1/		□ N/G	Z GT	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON NAM	ula: Derative 2500
9. <u>r</u>	NUTRITIONAL STAT		ube Fed O.: Diet:		Tist	Consistency:	741 (O Jam Feeds)
			All	1/2		1/2	Comment
		Meals					
	P.O., Pattern of Oral Consumption: (√)	Fluids		# /		☐ Rece	eiving I.V. fluids for hydration
(	yorloan paon (7)	Nour		1	M		
		Snacks		1			10000
K	(nown weight range in p	ast: 30 da	ays 🗀 180 days	: 175 W v	s. 157	wt 5% unplanr	ned gain unknown
10.	BEHAVIORAL STA	TUS: (V, If	applicable)	past wt.	current	wt 10% unplar	nned loss unknown
	Aberrant Behavior: □	□ None Known	Current	Ву Нх		Comi	ment
	Verbally Disruptive						
	Physically Aggress	sive/ Disruptiv	е	X		dering behavior	
	Socially Inappropri	ate			Non-o		Resistive to care
	Hallucinations	Delusions	Physical Re	estraint		Receivi	ng psychotropic med(s)
11.	PSYCHOSOCIAL S	STATUS:	Intact	Impaired		Com	ment
	Interpersonal relations	ships		1			
	Discharge expectation	ns: Resident	's:	`		Family's:	
12.	RISK FACTORS PE	ER ASSESS	SMENT: (√)		Sec	condary to:	
	At Risk for:						Other
	Communication De	ficit	Hearing		ision	Speech	Non-English speaking
	Contractures		Joint(s) Imm			Has limitation(s)	
	Falls/Injury		Falls Hx past	daysS	S/P hip fx		Psych. meds
	Dehydration (Fluid \		Tube Fed			Wt. Loss	
	Functional Deterior	ation	Physical res			Term. ill	
	Infection		Catheter	. DF	U	Ostomy Site	
	Nutritional Deficit		Tube Fed		Vt. Loss	□Appetite▼	
	Pressure Ulcers		Bed/chairfas	st DE	xisting P.U.'s		
	☐ Injury		☐ Non-Compl	iant Smoker		Oblivious to danger	Aberrant Behavior
	Pain		Wound/Ulc	er		S/P Surgery	
	Bleeding		Anti-Coagul	lant Tx		Blood dyscrasia	
	Adverse Drug Read	ction (ADR)	9 or > Medic	cations		Psych. meds	
	Aspiration		Dysphagia	PO	G.E.R.D.	Aspiration Hx	
	Unsafe Wandering		Wandering	Behavior		Elopement Hx	
13.	LEARNING NEE	D(S):		[	□ Res. □	Fam. educ. prov	rided:
14.			topic(s)  developed (pe	er assessment	) =		C. Royer
	*ADR = Adverse Drug Rea		, , , , , , , , , , , , , , , , , , ,		Licensed	Nurse Signature/Title	RN Counter Sigl, if/as nec.

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Name:\_

Activities of Daily Living (ADL's)

SP4 = Bathing Support Scale

(How resident actually performs)	ADL SUPPORT (S)2 SCALE: Past 7 days.					
ADL SELF-PERFORMANCE (SP)1 SCALI	(The highest level of support for each ADL even if the support occurred only once)					
0. INDEPENDENT: Help or oversight provided on	No setup or physical help from staff.					
1. SUPERVISION: Oversight, encouragement	Setup help only.					
plus physical assistance provided 1 or 2 time:  2. LIMITED ASSISTANCE: Resident involved in	2. One person physical assist.					
guided maneuvering of limbs or other non-weig		3. Two	or more p	ersons phys	sical assist	
help provided only 1 to 2 times.	programed part of activity, halp of the following	8. The A	8. The ADL did not occur during the			
3. EXTENSIVE ASSISTANCE: While resident portype(s) was provided 3 or more times:	enormed part of activity, help of the following	PAS.	PAST 7 DAYS on any shift.			
Weight-bearing support, staff hands on assistance dur     Full staff performance during part but not all of PAST		Week #1 Wee				
4. TOTAL DEPENDENCE: Full staff performance		from:		9		
8. THE ADL DID NOT OCCUR; on any shift.	o dairy.	SP1		to:	S2	
ADL'S (excluding bathing)		Namous or passes	- Water Street			
BED MOBILITY: How resident moves to and from lying in bed.	position, turns side to side and positions body while	4	3			
TRANSFER: How resident moves between surfaces, to	from bed, chair, wheelchair, standing position.	4	3			
(Exclude to/Irom bath/loilet.)	Mechanical lift used					
WALKING: How resident walks between locations		18	18	-		
How resident walks  LOCOMOTION: How resident moves:	in corridor on unit in his/her room and on same floor.	2	13	-		
(If in w/c, self-sufficiency in chair.)	to and from off-unit or distant locations on unit.	3	8			
DRESSING: How resident puts on, fastens and takes off removing prosthesis.	4	3				
EATING: How resident eats and drinks (regardless of sk	till).	8	8			
TOILET USE: How resident uses toilet room or commo changes pad, manages ostomy or catheter, adjusts clothes.	8	8				
1 = On a scheduled Toileting Program	2 = On a Continence Restoration Program					
PERSONAL HYGIENE: How resident maintains person shaving, applying make-up, washing/drying face, hands and		4	13			
BATHING	BATHING			STOROGE		
SELF PERFORMANCE (SP3) SCALE: (Past 7 days) (How resident actually performs):	SUPPORT (S <sup>4</sup> ) SCALE: (Past 7 days) (The highest level of support, even if support occurred only once)	CAN DESCRIPTION OF THE PERSONS				
0. Independent: no help provided	No setup or physical help from staff.			Wednesd .		
Supervision - oversight help only	Setup help only.	NAME OF THE PARTY		No.		
2. Physical help limited to transfer only	One person physical assist.			236999		
3. Physical help in part of bathing activity	<ol><li>Two or more persons physical assist.</li></ol>	COMMENTAL		100 mark		
4. Total dependence	8. The ADL did not occur.			THE WASTERS		
8. The ADL did not occur		10000				
BATHING: How resident took full body I (Exclude washing of back as	bath, transferred in/out of tube/shower.	4	13			
Key: SP1 = ADL Self Performance Scale SP2 = ADL Support Scale SP3 = Bathing Self Performance Scale	(Nurse's Signature/Date) (Nurse's Signature/Date	420/08	9/19/			

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